

L23000140315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

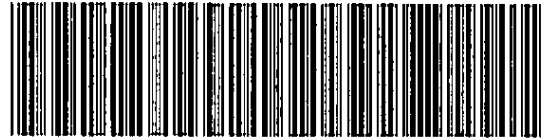
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W22000152756

01/03/23

Office Use Only



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11/28/22--01024--003 **150.00
S. CHATHAM
MAR 28 2023

SECRETARY OF STATE
RECEIVED

2023 JAN -3 PM 4:18

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2023 JAN 13 11 8:29

December 12, 2022

ORENTHOL CURTIS
410 WARE BLVD STE 813
TAMPA, FL 33619

SUBJECT: ODYSSEY TRAVEL GROUP LLC
Ref. Number: W22000152756

We have received your document for ODYSSEY TRAVEL GROUP LLC and check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Fictitious name cannot convert to llc, must apply as brand new llc please fill out attached form and send back with this letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

KAIN COSTELLO
Regulatory Specialist II

Letter Number: 022A00027535

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Odyssey Travel Group LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing

Please return all correspondence concerning this matter to the following:

Orenthol Curtis

Name of Person

Curtis & Sims LLC

Firm/Company

410 Ware Blvd, Suite 813

Address

Tampa, FL 33619

City/State and Zip Code

info@odysseytravel365.com

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Orenthol Curtis at (813) 391-8967
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

*\$150 submitted
previously. Please
Apply these funds
To this application.*

RE: Letter #
022A00027535

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Odyssey Travel Group LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

410 Ware Blvd, Suite 813
Tampa, FL 33619

410 Ware Blvd Suite 813
Tampa, FL 33619

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Brenthol Curtis

Name

410 Ware Blvd, Suite 813

Florida street address (P.O. Box NOT acceptable)

Tampa, FL 33619

City

State

Zip

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SECRETARY OF STATE
TALLAHASSEE, FL

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Orenthal Curtis

410 Ware Blvd, Suite 813
Tampa, FL 33619

MGR

Shirley Sims-Gibbs

410 Ware Blvd, Suite 813
Tampa, FL 33619

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Orenthal Curtis

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FL