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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : VORAUS S&O LLC  
Account Number : I20220000166  
Phone : (321)732-2022  
Fax Number : (407)577-3447

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED  
2023 SEP 29 PM 4:47

2023 SEP 29 PM 2:41  
FLA. DIVISION OF STATE  
TALLAHASSEE, FL

**FILED**

**FLORIDA LIMITED LIABILITY CO.  
FLORIDA CARGO ODEH LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

## COVER LETTER

TO: **New Filing Section**  
**Division of Corporations**

FLORIDA CARGO ODEH LLC  
SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

: NIMER ODEH  
\_\_\_\_\_  
Name of Person

: FLORIDA CARGO ODEH LLC  
\_\_\_\_\_  
Firm/Company

: 6454 Limberpine Ally  
\_\_\_\_\_  
Address

: Saint cloud , Florida 34771  
\_\_\_\_\_  
City/State and Zip Code

: nimerodch02@hotmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NIMER ODEH \_\_\_\_\_  
\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) 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)

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

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2023 SEP 29 PM 2:44

## ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA OF STATE  
TALLAHASSEE, FLFLORIDA CARGO ODEH 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:6454 Limberpine Ally  
Saint cloud, Florida 34771Mailing Address:6454 Limberpine Ally  
Saint cloud, Florida 34771

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

VORAUS S&O LLC

Name

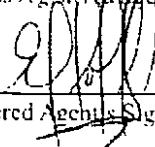
994 E OSCEOLA PKWYFlorida street address (P.O. Box NOT acceptable)KISSIMMEEFLORDA34744

City

State

Zip

*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..*

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

AMBR**Name and Address:**

LAURA F. RAMOS CANIZALEZ  
6454 Limberline Aliv  
Saint cloud, Florida 34771

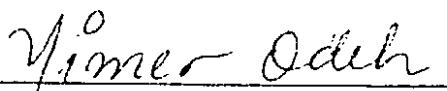
AMBR

NIMER ODEH FLORES  
6454 Limberline Aliv  
Saint cloud, Florida 34771

(Use attachment if necessary)

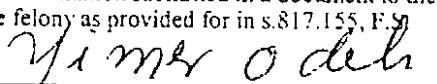
**ARTICLE V:** Effective date, if other than the date of filing: 09/29/2023 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirement(s), 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.



Typed or printed name of signee

**Filing Fees:**

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

\$30.00 Certified Copy (Optional)

\$5.00 Certificate of Status (Optional)