

L23000 455078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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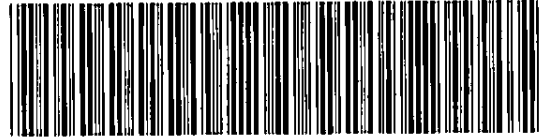
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/03/23--01001--015 \*\*125.00

FILED  
2023 OCT -3 PM 3:35  
2023 OCT -3 PM 12:09  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** NODA, LLC  
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:

SMITH THOMPSON SHAW

Name of Person

ATTN: STACY SMALL

Firm/Company

3520 THOMASVILLE ROAD - 4TH FLOOR

Address

TALLAHASSEE, FL 32309

City/State and Zip Code

sjohnson@swjfinancial.com

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

For further information concerning this matter, please call:

STACY SMALL at ( 850 ) 893-4105  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

# ARTICLES OF ORGANIZATION OF NODA, LLC

FILED  
2023 OCT -3 PM 3:35  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FL

\*\*\*\*\*

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **NODA, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing address of the business is 221 North Hogan Street, Suite 343, Jacksonville, FL 32202. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The street address of the place of business in Florida for the Company is 221 North Hogan Street, Suite 343, Jacksonville, FL 32202. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT AND OFFICE.**

The initial registered agent in Florida for the Company is: **SUSAN S. THOMPSON** located at 3520 Thomasville Road, 4<sup>th</sup> Floor, Tallahassee, FL 32309.

7. **MANAGEMENT.**

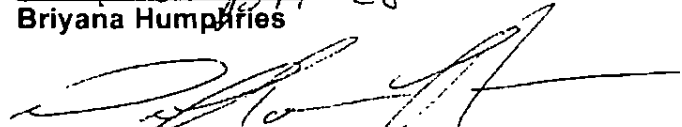
The name and address of the persons authorized to manage and control the Limited Liability Company are as follows:

Briyana Humphries  
221 North Hogan Street, Suite 343  
Jacksonville, FL 32202

Demarcus Humphries  
221 North Hogan Street, Suite 343  
Jacksonville, FL 32202

**DATED** this 3rd day of October, 2023.

  
Briyana Humphries

  
Demarcus Humphries

FILED  
2023 OCT -3 PM 3:35  
TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF  
PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.**

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **NODA, LLC**.
2. The name of the registered agent and office is: **SUSAN S. THOMPSON** at 3520 Thomasville Road, 4<sup>th</sup> Floor, Tallahassee, FL 32309.

**ACKNOWLEDGEMENT**

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

  
\_\_\_\_\_  
**SUSAN S. THOMPSON**  
Registered Agent

**FILED**  
2023 OCT -3 PM 3:35  
TALLAHASSEE, FL