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COVER LETTER

TO: New Filing Division of	Section Corporations		
SUBJECT:	OHSOGRU		
	, Name of Lin	nited Liability Company	
The enclosed Article	s of Organization and fee(s) are	e submitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	2 ou	ah Burgos Name of Person	
		Name of Person	
		Firm/Company	
10	520 South Hal	o Point	
		Address	
_ H	omosassa, FL	34448	
ol	omosassa, FL n. sogrub@gma	ity/State and Zip Code	
		for future annual report notificat	ion)
For further informatio	n concerning this matter, please	call:	
Jona	h Burgos at C	507 - 200 rea Code Davtime Telephon	3 Z
<u> </u>	Name of Person Ar	rea Code Daytime Telephon	e Number
Enclosed is a check t	or the following amount:		
□\$125.00 Filing Fe	e □\$130,00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	CS160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Address	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 1 - Name: The name of the Limited Liability Company is:
OHSO GRUB LLC. (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
(wids) Contain the words. Elimited Elability Company, E.E.C., or EEC. (
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
10520 South Halo Point. 7901 4th St N#25704 Homosoussa, FL 34448 St. Petersburg, FL 33702
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:
Taylor Corgon
7901 4th St N, #25704
Florida street address (P.O. Box NOT acceptable)

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..

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address;
"MGR" = Manager M. G. R	Jonah Burges 10520 South Halo Point Homosousa, FL 34448
AMBR_	Jonge Burgos 10520 South Halo Point, Honosusa, Fl 34448
AMBR	Jeremiah Burgas 10520 South Helo Point, Homosqua, FL Inuy8
the date of filing.)	e of filing:
This document is execu	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false	e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S. South Burges 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)