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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
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2021 JAN 20 PM 4:28

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**Foreign Limited Liability Company
SEYR ODESSA LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

53f
1/21/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEYR ODESSA LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MARC SEYMOUR
Name of Person

SEYR ODESSA LLC
Firm/Company

3471 MAIN HIGHWAY (622)
Address

MIDOME FL, 33133
City/State and Zip Code

MSEYMOUR@SBCGLOBAL.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARC SEYMOUR at 832 309-0613
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SEYR ODESSA LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. TEXAS
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-3635664
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration. See sections 603.0904 & 603.0905, F.S. to determine penalty liability)

5. 3471 MAIN HIGHWAY (622)
(Street Address of Principal Office)
MIAMI FL, 33133

6. 3471 MAIN HIGHWAY (622)
(Mailing Address)
MIAMI FL, 33133

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MARC SEYMOUR

Office Address: 3471 MAIN HIGHWAY (622)
MIAMI, Florida 33133
(City) (Zip code)

Registered agent's acceptance:
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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Marc Seymour
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Manager **Name and Address:** Name: MARC SEYMOUR
 Member Address: 3471 MAIN HWY
(622)
 Authorized Person MIAMI FL 33133
 Other **Other**

Title or Capacity: **Manager** **Name and Address:** Name: _____
 Member Address: _____
 Authorized Person _____
 Other **Other**

Manager Name: _____
 Member Address: _____
 Authorized Person _____
 Other **Other**

Manager Name: _____
 Member Address: _____
 Authorized Person _____
 Other **Other**

Manager Name: _____
 Member Address: _____
 Authorized Person _____
 Other **Other**

Manager Name: _____
 Member Address: _____
 Authorized Person _____
 Other **Other**

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Marc Seymour
 Signature of an authorized person
MARC SEYMOUR
 Typed or printed name of signer

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Ruth R. Hughs
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Seyr Odessa LLC (file number 803804793), a Domestic Limited Liability Company (LLC), was filed in this office on October 22, 2020.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 19, 2021.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State