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# FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2024

SIDERIS F. SNAYZZARL ATLANTIC NONLAWYERS SERVICES, INC. 294 EAST EAU GALLIE BLVD INDIAN HARBOUR BEACH, FL 32937 US

SUBJECT: ODYSSEY ESCAPE, LLC

Ref. Number: W24000077959

We have received your document for ODYSSEY ESCAPE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One-or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P24000029644 ACT ODYSSEY ESCAPES INC...

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

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

Rickey L. Richardson Regulatory Specialist II

Letter Number: 024A00011124

June 7, 2024

Florida Dept. of State Division of Corporation P.O. Box 6327 Tallahassee, FL 32301

Subj: Articles of Organization - UTOPIAN ODYSSEYS LLC

Dear Sir:

Enclosed please find the following:

- 1. The original and one copy of the Articles of Organization for the subject limited liability company. Please certify one copy and return it to the undersigned.
- 2. My check in the amount of \$155.00 to cover the filing fees.
  - 3. Designation of Resident Agent.

Kindly acknowledge filing of these Articles of Organization in compliance with Florida law and return the certified copy of the Articles of Organization to the undersigned at Atlantic Nonlawyer Services, Inc., 294 East Eau Gallie Blvd., Indian Harbour Beach, FL 32937. Telephone Number (321) 773-2020.

Thank you for your assistance in this matter.

Sincerely,

SIDERIS F. SNAYZZARL

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### ARTICLES OF ORGANIZATION

OF

### UTOPIAN ODYSSEYS LLC

### ARTICLE I. NAME

The name of this Limited Liability Company is UTOPIAN ODYSSEYS LLC

### ARTICLE II. DURATION

This Limited Liability Company shall have perpetual existence.

### ARTICLE III. PURPOSE

This Limited Liability Company is organized for the purpose of transacting any or all lawful business.

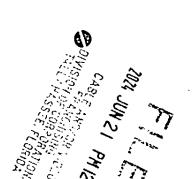
### ARTICLE IV. PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office of the limited liability company is located at 1270 North Wickham Road, Suite 13, Melbourne, FL 32935 and the mailing address of the limited liability company is 1270 North Wickham Road, Suite 13, Melbourne, FL 32935.

# ARTICLE V. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

ATLANTIC NONLAWYER SERVICES, INC. 294 East Eau Gallie Blvd. Indian Harbour Beach, FL 32937



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 with the provisions of all statues relating to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Madean C. Areyan Registered Agent Signature

## ARTICLE VI. MANAGEMENT

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

SIDERIS F.SNAYZZARL - "AMBR" 2249 Royal Poincian Blvd. Melbourne, FL 32935

## ARTICLE VII. AMENDMENTS

This limited liability company reserves the right to amend or repeal any provision contained in these Articles of Organization, or any amendment hereto.



IN WITNESS WHEREOF the undersigned member has executed these articles of organization on this \_\_\_\_\_/o day of

(In accordance with Section 605.0203 (1)(b), Florida Statutes, the executive of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

STATE OF FLORIDA COUNTY OF BREVARD

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, by means of physical presence, SIDERIS F. SNAYZZARL to me known to be the person described as members in and who executed the foregoing Articles of Organization, and who acknowledged before me that she subscribed to those Articles of Organization and presented her FL/DL as her photo-identification.

WITNESS my hand and official seal in the County and State named above this 10 day of June, 2024.

Madisn C. Hight

Notary Public

NADEAN C. GREGOR MY COMMISSION # HH 039737 EXPIRES: September 7, 2024 Bonded Thru Notary Public Underwriters

