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TALLAHASSEE, FLORIDA

T. BURCH
MAY 1 2017

COVER LETTER

April 24, 2017

TO: Registration Section
Division of Corporations

SUBJECT: God's Care About Us, 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:

Benjamin R. Jacobi, Esq.
Name of Person

Firm/Company

1313 N.E. 125 Str. #200
Address

North Miami FL 33161
City/State and Zip Code

service.jacobi.law@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Jacobi at (305) 893-4135
Name of Person 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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GOD'S CARE ABOUT US, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

19431 NE First Court
Miami FL 33179

Mailing Address:


9540 S.W. 7th Court
Pembroke Pines FL 33025

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

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

Magalie Jean Fede
9540 S.W. 7th Court
Pembroke Pines FL 33025

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

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COUNTY OF DADE
MIAMI, FLORIDA

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

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STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FL 32399

Pierre S. Fede
9540 S.W. 7th Court
Pembroke Pines FL 33025

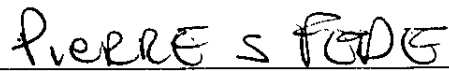
MGRM

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)



Signature of a member or an authorized representative of a member

(In accordance with section 605.0203(1)(b)), Florida Statutes, the execution 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.)



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)