

L23000126747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

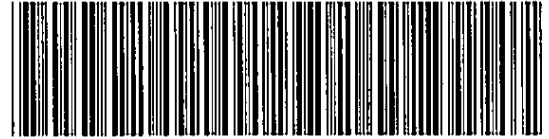
(Business Entity Name)

(Document Number)

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2/09/23

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2023 FEB -9 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2022

SARGINE GABRIEL

~~SAGINE GABRIEL~~

13500 N.E 3CT

NORTH MIAMI, FL 33161

APT 307

SUBJECT: GODLY POWER INVESTMENT GROUP
Ref. Number: W22000133460

We have received your document for GODLY POWER INVESTMENT GROUP and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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

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

Hyacinth LeBlanc
Regulatory Specialist II

Letter Number: 422A00023678

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6052 and press 4. Your call will be answered in the order it is received.

Hyacinth LeBlanc
ANNUAL REPORTS SECTION

Letter number: 422A00023678

New Filing Section

10/21/22 3:58

COVER LETTER

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

SUBJECT: GODLY POWER INVESTMENT GROUP CORPORATION
_____ 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:

SAGINE GABRIEL
_____ Name of Person

GODLY POWER INVESTMENT GROUP
_____ Firm/Company

13500 N.E 3ct NORTH MIAMI FLO, 33161
_____ Address

MIAMI FLORIDA 33161
_____ City/State and Zip Code

mariedelerme3030@yahoo.com
_____ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUIS-JEUNE GRENOBLE 786- 306-2583
_____ at (_____) _____
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
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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GODLY POWER INVESTEMENT GROUP LLC.
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

13500 N.E. 3 CT NORTH MIAMI FLO 33161

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APT 307

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:

SAGINE GABRIEL
Name

13500 N.E. 3 CT NORTH MIAMI FLO 33161 Suite 307
Florida street address (P.O. Box **NOT** acceptable)

MIAMI FLORIDA 33161
City State Zip

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.

SAGINE GABRIEL
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

PRD= PRESIDENT

SARGINE

~~SAGINE-GABRIEL~~

13500 N.E.3 CT NORTH MIAMI FLO. 33161

APR 30 7

VP=VICE PRESIDENT

LOUIS-JEUNE GRENOBLE

1545 N.E. 139 TH STREET MIAMI FLO 33161

SEC=SECRETARY

RAMSLY GELIN

429 SW. 79 TH AVE NORTH LAUDERDALE FLO 3306

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/06/2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

N/A

REQUIRED SIGNATURE:

SAGINE-GABRIEL

Signature of a member or an authorized representative of a member.

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.

SARGINE

~~SAGINE-GABRIEL~~

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)

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TALLAHASSEE, FLORIDA