L1600/73869

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/Clate/21p/F110fie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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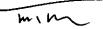
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09/12/16--01010--019 **130.00

SERVENCE OF STATE



COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Daddy Goddu LLC			
OC DO L		ed Liability Company		
The enc	losed Articles of Organization and fee(s) are so	ubmitted for filing.		
Please re	eturn all correspondence concerning this matte	er to the following:		
	Alexandria Mulino Cole			
		Name of Person		
	Daddy Goddu LLC			
		Firm/Company		
	9225 Ramblewood Dr #1037			
		Address		
	Coral Springs, FL 33071		6	171
	City davitaville@gmail.com	/State and Zip Code	SEP I	~ 밝 당
	E-mail address: (to be used for	r future annual report notification)	_ ~	- 2
For furthe	er information concerning this matter, please ca	all:	<u>P</u>	
	Alexandria Mulino Cole 561	213-7308	7: 04	
		Code Daytime Telephone Number		,;;>
Enclose	d is a check for the following amount:			
	Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	IS &	
	Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Division of Corporations		

New Filing Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Daddy Goddu LLC				
(Must end v	vith the words "Limited Lia	ability Company,	"L.L.C.," or "LLC.")	
ICLE II - Address:				
nailing address and street ad	dress of the principal offic	e of the Limited	Liability Company is:	
<u>Princips</u>	l Office Address:		Mailing Address:	
9225 Rambibewood I	Or #1037	9225	Ramblewood Dr #1037	
Coral Springs, FL 330	171		1 Carings EL 22071	· ·
TICLE III - Registered Age Limited Liability Company	nt, Registered Office, & I	Registered Agen	1 Springs, FL 33071 t's Signature: You must designate an individual of	or
TICLE III - Registered Age	nt, Registered Office, & I cannot serve as its own Re ctive Florida registration.)	Registered Agen	t's Signature:	
TICLE III - Registered Age e Limited Liability Company ther business entity with an a	nt, Registered Office, & I cannot serve as its own Re ctive Florida registration.)	Registered Agen egistered Agent. Y	t's Signature:	16 S
TICLE III - Registered Age e Limited Liability Company ther business entity with an a	nt, Registered Office, & I cannot serve as its own Rective Florida registration.) ddress of the registered ag Alexandria Mulino Cole	Registered Agen egistered Agent. Y	t's Signature:	16 SEP
TICLE III - Registered Age e Limited Liability Company ther business entity with an a	nt, Registered Office, & I cannot serve as its own Rective Florida registration.) ddress of the registered ag Alexandria Mulino Cole	Registered Agen gistered Agent. Y ent are:	t's Signature:	16
TICLE III - Registered Age e Limited Liability Company ther business entity with an a	nt, Registered Office, & I cannot serve as its own Rective Florida registration.) ddress of the registered ag Alexandria Mulino Cole	Registered Agen gistered Agent. Y ent are: lame	t's Signature: You must designate an individual o	16 SEP I
TICLE III - Registered Age e Limited Liability Company ther business entity with an a	nt, Registered Office, & I cannot serve as its own Re ctive Florida registration.) ddress of the registered ag Alexandria Mulino Cole N 9225 Ramblewood Dr #	Registered Agen gistered Agent. Y ent are: lame	t's Signature: You must designate an individual o	16 SEP 12

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)

Begistered Agent's Signature (REQUIRED)

Page 1 of 2

the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records.		Name and Address:
AMBR Alexandria Mulino Cote 9225 Ramblewood Dr #1037 Cotal Springs ft 33071 (Use attachment if necessary) E. V.: Effective date, if other than the date of filing: 8/20/16 (OPTIONAL) serive date is listed, the date must be specific and cannot be more than five business days prior to or 9/1 filing.) It is 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. Alexandria Mulino Cole Typed or printed name of signee Elling Fees: 125.00 Filing Fees for Articles of Operanization and Designation of Registered Agent	"AMBR" = Authorized Member	
(Use attachment if necessary) E.V.: Effective date, if other than the date of filing: 8/20/16 (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. E.V.I. Other provisions, if any. REQUIRED SIGNATURE: Signstare 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. Alexandria Mulino Cole Typed or printed name of signee Elling Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	"MGR" = Manager	
(Use attachment if necessary) EV: Effective date, if other than the date of filing: 8/20/16	AMBR	
(Use attachment if necessary) E V: Effective date, if other than the date of filing: 8/20/16		
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Page 2 of 2

6 SEP 12 Pi; 7: Nu