

Division of Corporations

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Attention: Jessica Fason:

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L180000814653ABC0

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(((H180000814653)))



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To: Division of Corporations
 Fax Number : (850) 617-6381

From: Account Name : HUBCO
 Account Number : 104662003400
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
 mariarobayog@gmail.com

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

~~GIRLPOWER, LLC~~

Girl Pawar, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
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March 14, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: GIRLPOWER, LLC
REF: W18000024761

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H18000081465
Letter Number: 018A00005145

*Please see attached
corrected document
and Resubmit.
Thank you*

P.O. BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GIRL PAWAR, LLC

(Must end with 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:6043 NW 167 STREET6043 NW 167 STREETHIALEAH, FL 33015HIALEAH, FL 33015

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:

DAVID ALFANDARY

Name

6043 NW 167 STREETFlorida street address (P.O. Box NOT acceptable)HIALEAHFL 33015

City

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.



 Registered Agent's Signature (REQUIRED)

DAVID ALFANDARY

(CONTINUED)

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 TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

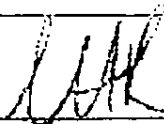
AMBR**Name and Address:**MARIA ANGELICA ROBAYO6043 NW 167 STREETHIALEAH, FL 33015

(Use attachment if necessary)

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

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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.)

MARIA ANGELICA ROBAYO

Typed or printed name of signee

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