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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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TALLAHASSEE, FLORIDA

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Letter Number: 819A00015922

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2019

ABIADE GRANGER 1214 AVONDALE LANE WEST PALM BEACH, FL 33409

SUBJECT: GOD-GUIDED WORKS, L.L.C.

Ref. Number: W19000070757

We have received your document for GOD-GUIDED WORKS, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU HAVE SUBMITTED THE WRONG FORM, I HAVE ATTACHED A BLANK COPY OF THE RIGHT FORMS THAT I NEED YOU TO FILL OUT.

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.

Keyna E Page Regulatory Specialist II

www.sunbiz.org

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COVER LETTER

Division of Corporations		
SUBJECT: God-Guided Warne of Limite	orks, LLC	_
The enclosed Articles of Organization and fee(s) are st	abmitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Abiade (zranç	ner (
7.0.000	ame of Person	
	Firm/Company	
1214 Avondale	Lane	
	Address	
West Palm Beach	7, Fl 33409	
West Palm Beach (10dgvidedworks	/State and Zip Code	
E-mail address: (to be used for	tuture annual report notification)	
For further information concerning this matter, please ca	itt:	
Mindo Laconor M	786-9421	
Moiade (Tranger at 56 Name of Person) Area	Code Daytime Telephone Number	_
	4	Total
Friclosed is a check for the following amount:	/ **	J 160
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	· · · · · · · · · · · · · · · · · · ·	Filing Fee. Afren
(3	additional copy is enclosed) Certified (additional	ate of Status & Afread Copy (copy is enclosed) reiver by Division of Corp
		by
Mailing Address	Street Address	Division
New Filing Section Division of Corporations	New Filing Section Division of Corporations	- (1.0(U)
P.O. Box 6327	Clifton Building	OF A
Tallahassee, FI, 32314	2661 Executive Center Circle Tallahassee, FL 32301	Corp

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(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:	
1214 Avondale Lane	1214 Avandale Larg	
West Palm Beach FL	West Palm Reach, FL	
33469	33409	

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:

Abiade (1105	ger
Na	me	7
1214 Avondale L	wie	
Florida street address (P.0	D. Box	NOT acceptable)
West Palm Beach	FL	33409
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Founder: LEO	Moiade Granger 1214 Avondale Lane West Payor Beach FL 33409
VP	Davison Colimon 1941 Abbey Road AFT. 208
VP	West Palm Beach, FL 33415 Jakia Hings 8306 Wilshire Blvd Box # 503 Beverly Hills, CA 90211
(Use attachment if necessary)	
te of filing.)	date of tiling:
cument's effective date on the Departm	· · · · · · · · · · · · · · · · · · ·
•	

REQUIRED SIGNATURE:

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.

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)