

Division of Corporations

L20000374130

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

From: Account Name : HUBCO
 Account Number : 104662003400
 Phone : (516)935-3940
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2020 DEC -8 AM 11:13
STATE OF FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: GINAPPAUL1986@GMAIL.COM

**FLORIDA LIMITED LIABILITY CO.
DIEU EST BON PAUL LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

DEC 09 2020

T. SCOTT

2020 DEC -8 AM 11:08

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DIEU EST BON PAUL 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:

1317 WELCH RIDGE TER
APOPKA, FL 32712

1317 WELCH RIDGE TER
APOPKA, FL 32712

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:

GINA PAUL

Name

1317 WELCH RIDGE TER

Florida street address (P.O. Box **NOT** acceptable)

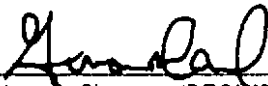
APOPKA

City

FL 32712

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)

GINA PAUL

(CONTINUED)

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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:

AKEEM GLASGOW

1317 WELCH RIDGE TER

APOPKA, FL 32712

AMBR

FRANCESCA PAUL

1317 WELCH RIDGE TER

APOPKA, FL 32712

AMBR

JASMINE BROCK

1317 WELCH RIDGE TER

APOPKA, FL 32712

(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:

Akeem Glasgow

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.)

AKEEM GLASGOW

Typed or printed name of signee