Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000030373 3)))



H210000303733ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:			
	Division of Co	rporations	
	Fax Number	: (850)617-6381	
From:			;
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	:
	Account Number	: I200000000019	5
	Phone	: (305)552-5973	-
	Fax Number	: (305)675-5944	7.7
**Enter	the email addres	s for this business entity to be used for future	
anr	wal report maili	ings. Enter only one email address please.**	
	our cpore mail	mes. Enter only one email address please. **	Ŧ.
		• • •	

## FLORIDA LIMITED LIABILITY CO. GODS POWER REAL ESTATE LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help /

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
of the Limited Liability Company is:	
Gods Dower Real estate 1/C	
Day Dowell Real Peterte 1/0	
ARTICLE II	
ARTICLE II - Address:	
Company address and street address of the	· -
The mailing address and street address of the principal office of the Lin Company is:	mited Liebna
-1	THADILITY
508/SW 95 ct	
miami F1 33/65	1
migm, F/ 23//C	
27/00	
ARTICLE III - Registered Agent, Registered Office:	
The name and the Florida street address of the registered agent are: (The with an active Florida registered Agent. You must designate an individual or another historical	
Company cannot serve as its own Registered address of the registered agent are:	•
Company cannot serve as its own Registered Agent. You must designate an individual or another business with an active Florida registration.)	Limited Liability
/ Description of the second of	s entry
- LODEN GALVED - NOV 1	
Loney GALVEZ 508/8W 95ct	_ , '
- FL 33165	niam
<u> </u>	•
	<u>.</u>
·	
	- 03
ARTICLE IV	- 3
The name and title of	9- Jan 2
The name and title of each person authorized to manage and control the Liability Company: (MGR or AMBR)	Limited 17
Liability Company: (MGR or AMBR)	Limited N
	₹ <u>₹</u> № ,
_10ne4 /30/ve2 1 m 21	
Loney Galvee Am BR	The second
·	- <del> </del>
	第三 22 第三 22
	<u> </u>
<del></del>	•

## Required Signatures:

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 berein 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.

DACY (10/V/2 Typed or printed name of signee

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)