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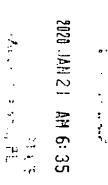
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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1,21,2020

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Cayolen Goddess	
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Alisia Kifer	
Name of Person	
Firm/Company	
440 SE 120BALOCT	
Address	
STUART FL 34996 City/State and Zip Code GARden GoddeS54222 gmul. com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MISIVA V. Fev at (440) 339 2213 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount.	
Ti8125.00 Filing Fee & Certificate of Status Certificate of Status & Certifica	
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of Tallahassee	2020 JAN 21
P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303 Tallahassee, FL 32303	A
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Granden Goddoss LLC	
(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:
440 Se Robalo (+	440.SE ROXLOCT
STUNK+ FL 34996	Steelit FL 34696

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alisia Lifer

Name

440 SC ROBALO CT

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

Stuart FL 34996

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. Thereby accept the appointment as registered agent and agree to act in this capacity. I turther 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 proprided for in Chapter 605, F.S..

Registered Agent's Sign Jure (REQUIRED)

(CONTINUED)

2020 JAN 21 AM 6: 35

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

(Use	attac	hnent	іï	necessary)

ARTICLE IV-

__. (ÓPTIONAL) ARTICLE V: Effective date, if other than the date of filing: ___ (If an effective date is fisted, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other p	tovisions, it any.		
		 	
		 	

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.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30,00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)