## L21000273756

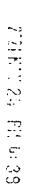
(Re	questor's Name)	
,	ŕ	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	The state of the s	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	·
	·	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





200366344812

Ø5/25/21--01005--014 +\*160.00





## **COVER LETTER**

TO:	New Filing Sec Division of Cor				
SUBJE	GoddesslT	LLC			
SUBJE	sc1:	Name	of Limited Lia	bility Company	<u> </u>
The en	closed Articles of	Organization and fe	e(s) are submitt	ed for filing.	( P
Please	return all correspo	ondence concerning	this matter to th	e following:	
	Shydeerah R	Ross			ម: ១ ខ
			Name	of Person	
	GoddessIT I	LC			
			Firm/	Company	
	8035 101st 0	Ct			
	<del></del>		Ad	dress	······································
	Vero Beach.	FL 32967			
	Ch.,daa.ah.	. 571 @!	City/State	and Zip Code	
	<del></del>	s.571@gmail.com E-mail address: (to b	e used for futur	e annual report notificat	ion)
For furth		ncerning this matter		•	,
	Shydeerah R	oss	772 at (	501-4863	
	Nam	c of Person	Area Code	Daytime Telephor	ne Number
Enclose	ed is a check for t	he following amount	t:		,
□\$125	5.00 Filing Fee	□\$130.00 Filing Certificate of Sta	tus Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	· · · · · · · · · · · · · · · · · · ·	g Address		Street Address	unician
New Filing Section Division of Corporations			New Filing Section D The Centre of Tallah	assee	
		ox 6327 assee, FL 32314		2415 N. Monroe Stre Tallahassee, FL 3230	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

GoddessIT LLC			
(Must cona	tin the words "Limited	Liability Company.	"L.L.C.," or "LLC.")
RTICLE II - Address:			
e mailing address and street a	ddress of the principal of	office of the Limited	Liability Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
8035 101st Ct		803	5 101st Ct
Vero Beach, FL 3296	57	Verd	Beach, FL 32967
ne Limited Liability Company	cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individual o
RTICLE III - Registered Age the Limited Liability Company other business entity with an a the name and the Florida street	cannot serve as its own active Florida registration	Registered Agent. on.)	
he Limited Liability Company other business entity with an a	cannot serve as its own active Florida registration address of the registered	Registered Agent. on.)	
he Limited Liability Company other business entity with an a	cannot serve as its own active Florida registration	Registered Agent. on.)	
he Limited Liability Company other business entity with an a	cannot serve as its own active Florida registration address of the registered	n Registered Agent. `on.) d agent are:	
he Limited Liability Company other business entity with an a	cannot serve as its own active Florida registration address of the registered Shydeerah Ross	Registered Agent. on.) d agent are: Name	You must designate an individual o
he Limited Liability Company other business entity with an a	cannot serve as its own active Florida registration address of the registered Shydeerah Ross 8035 101st Ct	Registered Agent. on.) d agent are: Name	You must designate an individual o

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)

## ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
•	
AMBR Shydeerah Ross 8035 101st Ct	
Vero Beach, FL 32967	
	<del></del>
<del> </del>	<del></del>
	<del></del>
	<del></del>
	<del></del>
	<del></del>
(Use attachment if necessary)	
A DOMESTICAL TO A STATE OF THE	
ARTICLE V: Effective date, if other than the date of filing:	
(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.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date with	ill not be listed as
the document's effective date on the Department of State's records.	in not be fisted as
the document's effective date on the Department of State's records.	
ARTICLE VI: Other provisions, if 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 Stat	utes.
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.	
Shydcerah Ross	
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)