

L22000445255

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H22000355872 3)))



H220003558723ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
GIFT OF GOD LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

2022 OCT 17 PM 12:35
FALLS CHURCH, VA
FALLS CHURCH, VA
FALLS CHURCH, VA

Lek

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC.")*

GIFT OF GOD LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

7715 SW 86 ST

A2-301

MIAMI FL. 33143

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

TEIXEIRA, CARLOS

7715 SW 86 ST A2-301

MIAMI FL. 33143

ARTICLE IV-

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

TEIXEIRA, CARLOS - MGR

7715 SW 86 ST A2-301

MIAMI FL. 33143

22 OCT 17 PM 12:35
F II
RECEIVED
FLORIDA
SECRETARY OF STATE

Required Signatures:

CARLOS TEIXEIRA

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 § 817.155, F.S.

CARLOS, TEIXEIRA

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..

CARLOS TEIXEIRA

Registered Agent's Signature (REQUIRED)

22 OCT 17 PM 12:35
FALLAHOSSE, FL 32608