

L230000 22485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

722200/04996

T. SCOTT

MAY - 1 2023



000392036740

RECEIVED
MAY 1 2023

2022 MAY - 1 AM 9:25

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Godbrand Games L.L.C.
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Akinwale Otonye Owi
Name of Person

Godbrand Games L.L.C.
Firm/Company

4713 West Clear Avenue
Address

Tampa/Florida 33629
City/State and Zip Code

GodbrandGames@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Akinwale Otonye Owi at (813) 450-4130
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Godbrand Games L.L.C.

(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:

4713 West Clear Avenue
Tampa, Florida, 33629

Mailing Address:

P.O. Box 320832
Tampa, Florida, 33679

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:

Akinwale Otonye Owu
Name
4713 West Clear Avenue
Florida street address (P.O. Box **NOT** acceptable)
Tampa Florida 33629
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, 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.

Akinwale Owu

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILE
2022 MAY -1 AM 9:22
DIVISION
TALLAHASSEE

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" Authorized Member

"MGR" Manager

AMBR

Akinwale Otonye Owij
4713 West Clear Avenue, Tampa, Florida,
33629

MGR

Akinwale Otonye Owij
4713 West Clear Avenue, Tampa, Florida,
33629

(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.)

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 provisions, if any.

REQUIRED SIGNATURE:

Akinwale Otonye Owij

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.

Akinwale Otonye Owij

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)