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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAW OFFICES OF SANDRA CLAVIJO

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Email Address:_

FLORIDA LIMITED LIABILITY CO. GIRGAL ENTERPRISES, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00





February 23, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAW OFFICES OF SANDRA CLAVIJO

SUBJECT: GIRGAL ENTERPRISES, LLC.

REF: W23000025370

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey OPS Clerk

FAX Aud. #: E22000404756 Letter Number: 423A00004386

From: Sandra Clavijo

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: NAME

The name of the Limited Liability Company is: GIRGAL ENTERPRISES, LLC.

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ARTICLE II: ADDRESS

The street address of the principal office of the Limited Hability Company is:

2280 NW 69th Terrace Margate, FL 33063

The mailing address of the Limited Liability Company is:

2280 NW 69th Terrace Margate, FL 33063

ARTICLE III: PURPOSE

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE VI: REGISTERED OFFICE AND AGENT

The name and the Florida street address of the Registered Office and Agent are:

MARIO GALLO

915 Lake Weilington Dr. Wellington, FL 33414

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.

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ARTICLE IV: MANAGER(S) OR MANAGING MEMBER(S)

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

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Title: MGRM

IVAN HINCAPIE 2280 NW 69th Terrace Margate, FL 33063

Title: MGRM

MARIO GALLO

915 Lake Wellington Dr Wellington, FL 33414

Title: MGRM ARTICLE V: EFFECTIVE DATE

The effective date for this Limited Liability Company shall be:

November 28, 2022

Signature of a Member or an Authorized Representative of a Member

IVAN HINCAPIE

I am the member or authorized representative submitting these Articles of Organization and affirm 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 s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.