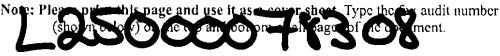
Division of Corporations

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



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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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

\*\*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. EMPOWER ME HUB LLC

Certificate of Status	0
Certified Copy	1
Page Count	0.3
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

Mailing Address:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

## EMPOWER ME HUB 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:

	<del></del>
1115 CREEKFORD DR.	1115 CREEKFORD DR.
WESTON, FL 33326	WESTON, FL 33326

## 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:

Principal Office Address:

NATALIE ORTIZ		
	Name	
1115 CREEKFORD	DR.	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)
WESTON	FL	33326
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..

pode merces (reb 11, 26,95 11-97 ESI)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE

Δ	H	TI	C	LE	I٧	٠.

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	
<b>J</b>	NUMBER OF THE PARTIES
MGK	NATALIE ORTIZ 1115 CREEKFORD DR.
	WESTON, FL 33326
	,
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dat	e of filing: (OPTIONAL)
(If an effective date is listed, the date must be s	pecific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
	meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department	tor State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
pos e mender (Fab 21, 2025 11:27 ESF)	
har a man and to the agreement of the same	

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.

NATALIE ORTIZ

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)

PILLED

2025 FEB 21 PM 1: 13

SECRETARY OF STATE
TALLAHASSEE, FI