

# L00000007902



**Sandra L. Hammar**

245 Deer Creek Blvd. • Suite 1007  
Deerfield Beach, Florida 33442

City/State/Zip

Phone

800003294588--5  
-06/19/00--01003--018  
\*\*\*135.00 \*\*\*135.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

- \_\_\_\_\_  
(Corporation Name) (Document #)
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(Corporation Name) (Document #)
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(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
00 JUL -5 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- Walk in
- Mail out
- Pick up time \_\_\_\_\_
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

L00-7902

Name	CR 7-6
Availability	
Document	OK
Examiner	OK
Notary	OK
Updater	OK
Verifier	OK
Examiner's Initials	
Acknowledgment	



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 22, 2000

SANDRA HAMMAR  
245 DEER CREEK BLVD., SUITE 1007  
DEERFIELD BEACH, FL 33442

SUBJECT: POWERACTIONS, LLC  
Ref. Number: W00000015927

We have received your document for POWERACTIONS, LLC and your check(s) totaling \$135.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 100A00035446

FILED  
00 JUL -5 PM 5: 00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PowerActions, LLC

**ARTICLE II - Address:**

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

245 Deer Creek Blvd. Suite 1007  
Deerfield Beach, FL 33442

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Sandra L. Hammar  
Name  
245 Deer Creek Blvd. Suite 1007  
Florida street address (P.O. Box NOT acceptable)  
Deerfield Beach FL 33442  
City, State, and 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 608, F.S..*

Sandra L. Hammar  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Sandra L. Hammar  
Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SANDRA L. HAMMAR  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JUL -5 PM 5: 00

FILED

- Filing Fees:**
- \$100.00 Filing Fee for Articles of Organization
  - \$ 25.00 Designation of Registered Agent
  - \$ 30.00 Certified Copy (Optional)
  - \$ 5.00 Certificate of Status (Optional)