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Disability Empowerment Group, LLC 10915 Bonita Beach Rd. Unit 1141 Bonita Springs, Fl. 34135 (239) 495-0619

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11/11/02

cell 941-815-1520

you have any Quations call me at 941-815-1520.

P.S. Please fox a letter of acknowledge. To 941-639-6363 Home/Fox.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANYO

ARTICLE I - Name:

02 NOV 13 PM 2: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The name of the Limited Liability Company is:

Dis ABility Empower Ment Group, LLC

ARTICLE II - Address:

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

10915 BONITA BEACH Rd., the Unit 1141, BONITA Springs Fl 34135

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

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

Dennis C. Kuty

Name

44 Colony Point Dr.

Florida street address (P.O. Box NOT acceptable)

FL 33950

City State and Zin

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.

Registered Ageny's Signature

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

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.)

Typed or printed name of algnes

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)