## Florida Department of State

**Division of Corporations** Public Access System

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Division of Corporations

Fax Number : (850) 205-0383

To:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694

Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

POWERFUL WOMEN NETWORKING, L.L.C.

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

0149334

## NY

WITH TERM ON GAME AT THE FOR STORING THATTED LIBRITLY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is		
Powerful Women Netr	voiring, L.L.C.	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Cor	mpany is:
Principal Office Address:	Mailing Address:	
1136 Collins Avenue # 5 Fliami Brach, Fl. 23139	Histo Cylins Avenue 115 Himi Borch, FL 33/37	<b>-</b> -
ARTICLE III - Registered Agent, Registered	i Office, & Registered Agent's Signature	e:
The name and the Florida street address of the r	egistered agent are:	S 0
margara+ Name	A Higgins &	SECIRLIANS
	IS AVENUE # 5 Stress (P.O. Box NOT acceptable)	<b>7</b> 1
Harni Bock L City, State, 2	) pr. 33/39	AH II: 54

Having been named as registered agent and to accept service of process for the above stuled 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 Agent's Signature

(CONTINUED)

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ARTICLE IV-Manager(s) or Managing Member(s);

The name and address of each Manager or Managing Member is as follows:

<u>l'itle:</u> "MGR" = Manager	Name and Address:
MGRM" = Managing Member	Hangarat A. Higgin
And the state of t	
Use attachment if necessary)	
NOTE: An additional article must	be added if all effective date is requested.
MARIENTED CICALA TIDES	

REQUIRED SIGNATURE

Signature of a member or an anthopized topresentative of a member.

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

Saring Follows of Signer Typed or printed name of signer

Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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TOTAL P.05