105000118039

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



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12/05/05--01021--001 **125.00

2005 DEC -S AN II: 59

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|-----------------------|
| SUBJECT: POWERFUL POSC (Name of | Sibilities LLC F Limited Liability Company) | |
| The enclosed Articles of Organization and fee | s(s) are submitted for filing. | |
| Please return all correspondence concerning the | his matter to the following: | |
| Kath | McCall (Name of Person) | |
| | Possibilities LLC (Firm/Company) | 2005.C |
| 3680 lv | werrary Drive #3-V | 0N OF COI |
| Fort La | (Address) Uderdale 12 33319 (City/State and Zip Code) | 2005 DEC -5 AM II: 59 |
| For further information concerning this matter | r, please call: | |
| Kathy McGI (Name of Person) | at (754) 245-2849 (Area Code & Daytime Telephone Number) | |
| Enclosed is a check for the following amo | ount: | |
| \$125.00 Filing Fee S130.00 Filing Certificate of State | | & |
| Mailing Address Registration Section Division of Corpor | | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | - |
|---|--|
| The name of the Limited Liability Company is: | |
| Paverful Possibilities L | LC |
| (Must end with the words "Limited Liability Company, "Limited | d Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: | |
| The mailing address and street address of the pri | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 3680 Invenary Drive #3-V Fort Lauderday Fr | same |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) | Office, & Registered Agent's Signature: Office, & Registered Agent's Signature: OFFICE OFFI |
| The name and the Florida street address of the re | egistered agent are: |
| Kathy Mone | Call STATE ORATION 59 |
| 3680 Investigation of the Florida street add | |
| Fort Lavd. City, State, a | FL 33319 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

| | l Address: |
|---|---|
| "MGR" = Manager "MGRM" = Managing Member | |
| M GR Kath | McGII |
| | 2 Inversor, Deive +3-V Lauderdald FL 33319 |
| | 20 5 |
| | DIVISION DE |
| | C-5 |
| | AM 11: |
| | 59 |
| (Use attachment if necessary) | |
| ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and | . (OPTIONAL) |
| to or 90 days after the date of filing.) | amor be more man five business days prior |
| REQUIRED SIGNATURE: | |
| Kather M | Clo |
| Signature of a member of an authoriz | ed representative of a member. |
| (In accordance with section 608.408(3), of this document constitutes an affirmat that the facts stated herein are true.) | |
| Kathy Mc Typed or printed na | me 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)