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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (302)531-0855
Fax Number : (302)531-3150

[Handwritten signature]

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Empower Property Investments, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

06 FEB 21 PM 12:43
DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Empower Property Investments, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

3329 Jullington Creek Rd.
Jacksonville, FL 32223

Mailing Address:

3329 Jullington Creek Rd.
Jacksonville, FL 32223

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:

Incorporating Services, Ltd.

Name

1540 Glenway Drive

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

Tallahassee, FL 32301

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.

Benny O. Porta
Registered Agent's Signature (REQUIRED)

(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:

Title:
"MGR" - Manager
"MGRM" - Managing Member

Name and Address:

Member

Michael C. DiClemente
3329 Julington Creek Rd.
Jacksonville, FL 32223

Member

Crystal M. Parrish
3329 Julington Creek Rd.
Jacksonville, FL 32223

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Michael C. DiClemente

Signature of a member or an authorized representative of a member.

(In accordance with section 605.405(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael C. DiClemente

Typed or printed name of signer

Filing Fee:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)