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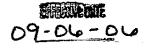
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SECRETARY OF STATE ALLAHASSEE, FLORIDA





## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: EMpower Resources, LLC.	
(Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Robin deLisser	
(Name of Person)	
Consulting & Staffing Solutions, Inc.	_
(Firm/Company)	
6364 Winfield Blvd.	
(Address)	
Margate, FL 33063	÷
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Robin deLisser at (754 ) 246-3954  (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certified Copy \\ (additional copy is enclosed) \\ \bigcup \\$160.00 Filing Fee, \\ Certified Copy \\ (additional copy is enclosed) \\ \end{additional copy is enclosed}	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address 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	:
EMpower Resources, LLC.	
(Must end with the words "Limited Liability Company, "Limi	ted Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6364 Winfield Blvd.	6364 Winfield Blvd.
Margate, FL 33063	Margate, FL 33063
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)  The name and the Florida street address of the Robin deLisser	stered Agent. You must designate an individual or another
Name	<del>a and a second an</del>
6364 Winfield Blvd.	
	dress (P.O. Box NOT acceptable)
Margate	FL 33063
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	ture (REQUIRED)
//	SSEE, F
(CONTIN	

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Consulting & Staffing Solutions, Inc.
	6364 Winfield Blvd.
	Margate, FL 33063
(Use attachment if necessary)	
RTICLE V: Effective date, if other than an effective date is listed, the date must or 90 days after the date of filing.)	the date of filing: 09/06/06 (OPTIONAL) st be specific and cannot be more than five business days prio
REQUIRED SIGNATURE:	
Endu	: de jarl
Signature of a me	mber of an authorized representative of a member.
(In accordance wit of this document o that the facts star	h section 608.408(3), Florida Statutes, the execution of statutes an affirmation under the penalties of perjury too herein are true.)
Robin deLisser	
	Typed or printed name 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)