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(Requestor's Name)		
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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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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Youth Empowerment Service, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondences concerning this matter to the following:

Constance N. Bowers
Business Synergy for the 21st Century
14383 S W 161st Street
Suite A
Miami, FL 33177-1823

For further information concerning this matter, please call:

Constance N. Bowers at (305) 582-5693.

Enclosed is a money order for the following amount:

\$130.00 Filing Fee and Certificate of Status (additional copy is enclosed)

ARTICLE I:

The name of the limited liability company is: Youth Empowerment Service, LLC.

ARTICLE II:

The mailing address is: he street address of the principal office is: 6445 S W 130th Place, #606, Miami, FL 33183-5609.

The street address of the principal office is: 6445 S W 130th Place, #606, Miami, FL 33183-5609

07 MAR 20 PH 12: 11 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE III:

The purpose for which this Limited Liability Company is organized is: Any and all lawful business.

ARTICLE IV:

The name and Florida address of the Limited Liability Company's registered agent is:

Constance N. Bowers 14383 S W 161st Street Suite A Miami, FL 33177-1823

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.

Constance N. Bowers

ARTICLE V:

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

<u>Title:</u> Manager Name and Address:
Roger Cisneros
6445 S W 130th Place, #606
Miami, FL 33183-5609

REQUIRED SIGNATURE:

Signature of a member of an authorized representative of a member

(In accordance with section 608.408 (3), Florida Statues, the execution of this document constitutes an affirmation under the penalties of perjury that the facts herein are true).

Roger Ciscernos

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