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ent of State Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H07000258445 3))) H070002584453ABC2 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : FRANCIS X. CASTORO, P.A. Account Number : I20020000153 Phone : (954)922-0505 Fax Number : (954)922-4674 **LORIDA/FOREIGN LIMITED LIABILITY CO.**

STRONGER EMPOWERMENT COMPANY, LLC.

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FRANCIS X. CASTORO, P.A.

500 WEST CYPRESS CREEK ROAD, SUITE 500 FORT LAUDERDALE, FLORIDA 33309 Telephone: 954-922-0505 Facsimile: 954-351-7475 <u>fcastoro@bellsouth.net</u>

Florida Bar , New York Ear

October 17, 2007

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Attn: ELECTRONIC FILING / FACSIMILE SECTION FLORIDA DEPARTMENT OF STATE P. O. Box 6327 Tallahassee, Florida 32314

FAX NUMBER: _____: PAGE SENT: 4

RE: FORMATION OF LIMITED LIABILITY COMPANY

ACCOUNT NUMBER: 120020000153

LLC BEING FORMED: STRONGER EMPOWERMENT COMPANY, LLC

Dear Ms. Secretary:

Please find transmitted the following:

A. ARTICLES OF ORGANIZATION

B. DESIGNATION OF REGISTERED AGENT

BILLING: Please charge the Filing Fee to the above-noted Account.

After filing, please forward the CERTIFICATE representing the filing of the above LC to?

FRANCIS X. CASTORO, Esq. FRANCIS X. CASTORO, P.A. 500 W. CYPRESS CREEK ROAD, SUITE 500 FORT LAUDERDALE, FLORIDA 33309

If you have any comments or questions, please do not hesitate to contact my office.

Sincerely, Frank Casto FXC/jg

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ARTICLES OF ORGANIZATION FOR STRONGER EMPOWERMENT COMPANY, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is: **STRONGER EMPOWERMENT COMPANY, LLC**, a Florida Limited Liability Company.

ARTICLE II - ADDRESS

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

1848 SW 101ST AVENUE DAVIE, FLORIDA 33324

ARTICLE III - EFFECTIVE DATE / DURATION

The Effective Date of this filing is: OCTOBER 17, 2007. The period of duration for the Limited Liability Company shall be: PERPETUAL.

ARTICLE IV - MEMBERSHIP

The Limited Liability Company is comprised of the following Members:

THOMAS RAYHILL JONTY BRAUN

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the existing Members to admit additional Members and the terms and conditions of the admissions shall be only upon the express unanimous approval of the existing Members.



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ARTICLE VI - MANAGEMENT

The Limited Liability Company is to be managed by the following Members as the co-Managing Members whose name and address is as follows:

THOMAS RAYHILL JONTY BRAUN

ACKNOWLEDGED:

BY: THOMAS RAYHILL Signature of Member

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



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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the Limited Liability Company is: **STRONGER EMPOWERMENT** COMPANY, LLC
- 2. The name and address of the Registered Agent and office is:

THOMAS RAYHILL 1848 SW 101ST AVENUE DAVIE, FLORIDA 33324

- SECRETAL TALLAHAS
- 3. 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 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 relations the proper and complete performance of my duties, and I am familiar with an the provisions of my position as Registered Agent.

BY: THOMAS RAYHILL

OCTOBER 17, 2007

DATE:

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