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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
TALLAHASSEE, FLORID!

T. CLINE

JUN - 5 2008

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2008

LAURA RIVERA 2481 W. 60TH PLACE #105 HIALEAH GARDENS, FL 33016

SUBJECT: POWER DESIGN, LLC Ref. Number: W08000023927

We have received your document for POWER DESIGN, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and he being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as for it is not distinguishable from the name of an existing entity. Section 608.406. Florida Statutes, was amended effective July 1, 2007, to require the name of all imited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is M06000003326.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 608A00030508

## **COVER LETTER**

TO:	Registration Division of C	Section Corporations		
SUBJI	ест: <u>Р</u> с	Ower Studios (Name of Limited	S Advertisir Liability Company)	ng & Dosign, LLC
The en	closed Articles	of Organization and fee(s) are sub	omitted for filing.	
Please	return all corre	spondence concerning this matter	to the following:	
		Laura Rive	PALO Ime of Person)	
		(Fi	rın/Company)	
		P.O. Box 172	2006	
		Hialeah, FL 3	(Address) 33017-2006	ECRETA I
		/ (City/S	tate and Zip Code)	RY OF
For fur	ther informatio	n concerning this matter, please ca	ill:	FLORICE
	Laux (Nan	ne of Person)	(Area Code & Daytime Te	
Enclos	sed is a check	for the following amount:		Paid
<b>]</b> \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (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 Corporation Clifton Building 2661 Executive Center	าร

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Power Studios Advertising & nesign, LLC

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Compa	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is
Principal Office Address: Maili	ng Address:
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Agent business entity with an active Florida registration.)  The name and the Florida street address of the registered Name  Laura Rivera Name  6995 MM 173 M  Florida street address (P.C.  Miami, TC 336  City, State, and Zip	ed agent are:    Color   Color

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)

"MGRM" = Managing Member	Name and Address:
"MGRM" = Managing Member  MGR	LOURA RIVERA 6995 M 173 DR. #2103 MIAMI, FL 33015
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(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must be 00 days after the date of filing.)	date of filing: 6-2-08. (OPTIONAL) e specific and cannot be more than five business days
REQUIRED SIGNATURE:	
	Laura Livera r or an authorized representative of a member.

was necessary from the contract of the contrac

**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)