09000005938

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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01/05/09--01067--025 **160.00

Effective Date 01/25/09

Office Use Only

T. HAMPTON

JAN 2 0 2009

EXAMINER

COVER LETTER

Q,

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Power Talk LLC	
		ed Liability Company)
The en	sclosed Articles of Organization and fee(s) are s	submitted for filing.
Please	return all correspondence concerning this matter	er to the following:
	Heather Szasz	
	((Name of Person)
	Power Talk LLC	
		(Firm/Company)
	2020 Hidden Dale Court	
		(Address)
	Kissimmee Fl 34741	
	(City	y/State and Zip Code)
For fur	rther information concerning this matter, please	call:
Hea	ther Szasz	at (_407) 922 0285
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amount:	
\$ 125.	.00 Filing Fee \$\sqrt{\$130.00}\$ Filing Fee \$\&\text{Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 JAN 16 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 6, 2009

HEATHER SZASZ 2020 HIDDEN DALE CT KISSIMMEE, FL 34741

SUBJECT: POWER TALK LLC Ref. Number: W09000000306

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

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 5, 2009. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 209A00000239

Effective Date 01 25 09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I.	- Name	е:
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The name of the Limited Liability Company is:

Power	Talle	1.1	
Power	так	11	

(Must end with the words "Limited Liability Company, "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:	Mailing Address:	
2020 Hidden Dale Court	2020 Hidden Dale Court	
Kissimmee FI 34741	Kissimmee FI 34741	

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:

Heather Szasz	
N	lame
2020 Hidden Dale	e Court
Florida stre	et address (P.O. Box NOT acceptable)
Kissimmee	FL 34741
City, S	tate, 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..

Registered Agent's Signature (REQUIRED)

DIVISION OF CORPORATIONS

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Meml	ber
MGR	Heather Szasz
	2020 Hidden Dale Court
	Kissimmee FI 34741
MGR	David Lyons
	52 Riley Road Suite198
	Celebration Fi 34747
•	
(Use attachment if necessary)
	1 1 0
CLE V: Effective date, if other	than the date of filing: 1 25 09 (OPTIONAL
	e must be specific and cannot be more than five business days
90 days after the date of filing.	· · · · · · · · · · · · · · · · · · ·

REQUIRED SIGNATURE:

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

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

Heather Szasz

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)

anization and Designation

I)

Page 2 of 2