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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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C. LEWIS

NOV 18 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2010

ADA L. DUNWODY / MOMENTUM ENTERPRISES, LLC
2137 SUNRISE BLVD.
FORT MYERS, FL 33907

SUBJECT: MOMENTUM ENTERPRISES, LLC.
Ref. Number: W10000052695

We have received your document for MOMENTUM ENTERPRISES, LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 410A00026467

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MOMENTUM ENTERPRISES, 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:

ADA L. DUNWODY
Name of Person

MOMENTUM ENTERPRISES, LLC
Firm/Company

2137 SUNRISE BLVD.
Address

FORT MYERS, FL 33907
City/State and Zip Code

ald929@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADA L. DUNWODY
Name of Person

at (239) 707-1769
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OUR MOMENTUM, 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:

ADA L. DUNWODY
Name of Person

OUR MOMENTUM, LLC
Firm/Company

2137 SUNRISE BLVD.
Address

FORT MYERS, FL 33907
City/State and Zip Code

ald929@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADA L. DUNWODY
Name of Person

at (239) 707-1769
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OUR MOMENTUM, LLC

(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:

2137 SUNRISE BLVD.
FORT MYERS, FL 33907

Mailing Address:

2137 SUNRISE BLVD.
FORT MYERS, FL 33907

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:

ADA L. DUNWODY

Name

2137 SUNRISE BLVD.

Florida street address (P.O. Box **NOT** acceptable)

FORT MYERS, FL 33907

City, State and Zip

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TALLAHASSEE, FLORIDA

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)

(CONTINUED)

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

ADA L. DUNWODY
2137 SUNRISE BLVD.
FORT MYERS, FL 33907

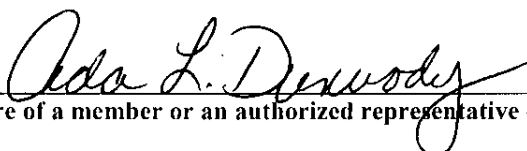
MEMBER

NICOLE M. DUNWODY
2432 WOODLAND BLVD.
FORT MYERS, FL 33907

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155,F.S.)

ADA L. DUNWODY

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)