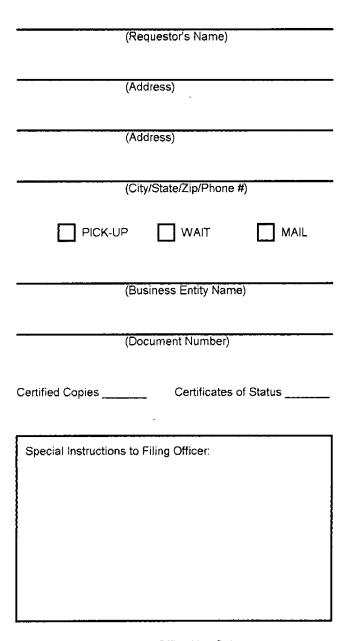
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Office Use Only



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09/23/11--01001- ₩1 SEP 22 PM WILL AND SEP 22 PM WILL AND SEP 28 PM

EFFECTIVE DATE 09-みみ-11

11 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MISSION FOR WOMEN 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:	
JOHN S. COUHA. Name of Person	
Name of Person	
Firm/Company	1"
4922 loster Rd	KACI POCH
Address	1
T2// F/, 323/7 City/State and Zip Code	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
2.00 8/25 2.27/	
Name of Person at (PSV) 645-2309 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155:00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\$\$\$\$}	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

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 Comp	pany is:
Mission For Women"LLC"	
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4922 Lester Rd.	Tallahassee, Fl. 32317
	ristered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
The name and the Florida street address	
Martha L. Cou	Name
4922 Lester R	Rd.
Florida s	street address (P.O. Box <u>NOT</u> acceptable)
Tallahassee,	32317 City, State, and Zip
Having been named as registered agent	and to accept service of process for the above stated limited

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)

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(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member			
MGR	John S. Coulter 4922 Lester Rd. Tallahassee, Fl. 32317		
		LL AH	***
		ASSEE	
		E.H.S.A	C
		DA C	
(Use attachment if necessary)			
	the date of filing: 9-22-11		
nn effective date is listed, the date mu r 90 days after the date of filing.)	st be specific and cannot be more than f	īve business days	prie

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.)

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)