# L13000/481/3

(Req	uestor's Name)	<del></del>
(Addı	ress)	
(Addi	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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SECRETARY OF STATE

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0CT 2 2 2013 T. HAMPTON

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Empower Design, Inc. (Name of Resulting Florda Limited Company)
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning this matter to:
Bobbie Celler  (Contact Person)  Celler Law (Firm/Company)
3600 FAU Blvd #101 (Address)
Bora Raton, FL 33431 (City, State and Zip Code)
E-mail address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Robbit Ct Hr at (501) 869-8989  (Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$155.00 Filing Fees and Certificate of Status  \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301  MAILING ADDRESS:  Registration Section  Division of Corporations  P. O. Box 6327  Tallahassee, FL 32314



RECEIVED

13 OCT 21 PM 2:00

SECRETARY OF STATE

October 8, 2013

BOBBIE CELLER CELLER LAW 3600 FAU BLVD - # 101 BOCA RATON, FL 33431

SUBJECT: EMPOWER DESIGN, LLC

Ref. Number: W13000055978

We have received your document for EMPOWER DESIGN, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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) 245-6051.

Tammy Hampton
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 313A00023641

### **Certificate of Conversion**

For

#### "Other Business Entity"

Into

#### Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

	"Other Business Entity" immediately prior to the filing of this Certificate of			
Conversion is:	Empower Design Inc P13000003701			
Empower Design Inc Place Sign (Enter Name of Other Business Entity)				
2. The "Other Bus	iness Entity" is a <u>COY POYOUTOP</u> . $\mathcal{G}^{\Sigma} \cong$			
first organized, form	general partnership, common law or business trust, etc.)  med or incorporated under the laws of Florida  (Enter state, or if a non-U.S. entity, the name of the country)	O		
on U/20 (Enter da	ate "Other Business Entity" was first organized, formed or incorporated)			
	on of the "Other Business Entity" was changed, the state or country under the laws anized, formed or incorporated:	of		
Organization:	Florida Limited Liability Company as set forth in the attached Articles of			
	(Enter Name of Florida Limited Liability Company)			
	(Enter Name of Florida Limited Liability Company)			
(The effective date filed by the Florida	on the date of filing, enter the effective date:  1) cannot be prior to nor more than 90 days after the date this document is a Department of State; AND 2) must be the same as the effective date listed in of Organization, if an effective date is listed therein.)	i 1 the		
	s permitted by the applicable law(s) governing the other business entity and the es with such law(s) and the requirements of s.608.439, F.S., in effecting the conver	sion.		

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this 30 day of Sept.	20 <u>13</u>	
Signature of Member or Authorized Reg Individual signing affirms that the facts st constitutes a third degree felony as provid	ated in this document are true. Any false i	
Signature of Member or Authorized Representation Name: School (2)	sentative: Title: CF.O	
Signature(s) on behalf of Other Business E this document are true. Any false informat s.817.155, F.S.  See below for required sign	tion constitutes a third degree felony as pr	the facts stated in ovided for in
Signature: Printed Name:	Cely Title: CGO	
Signature: CCAY Cell	Title: President	
Signature:	Title:	<del></del>
Signature: Printed Name:	Title:	<del></del>
Signature:Printed Name:	Title:	
Signature: Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected	•	
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:	
If Florida Limited Partnership or Limited Signatures of <u>ALL</u> General Partners.	Liability Limited Partnership:	ZÓI3 OCT 21 SEGRETAR TALLAHASS
All others: Signature of an authorized person.		21 ASS
Fees:		AH 8: 54 OF STATE EE, FLORIDA
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	ος <b>3</b>

\$30.00 (Optional) \$5.00 (Optional) Page 2 of 2

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Empower Design, LLC  (Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "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:	
3600 FAU Blvd #101 3600 FAU Blvd #101 Bara Ration, FL 33431 Bara Ration, FL 33431	
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:  Clifer Law, PA  Name	
31000 FAU BIVO #101 Florida street address (P.O. Box NOT acceptable)  Bivo Raton FL 33431  City, State, 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)  Registered Agent's Signature (REQUIRED)  TALLAH SECRETARY  ALLAH SE	<u> </u>
Page 1 of 2  Page 1 of 2  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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing I	ember
MGR.	Caty Coller 8750 NW Coth Ct Parloana EC 33067
	<u> </u>
(Use attachment if nece	sary)
ARTICLE V: Effective date.	f other than the date of filing: (OPTIONAL)
The effective date: 1) canno the Florida Department of S	(OPTIONAL) be prior to nor more than 90 days after the date this document is filed by ate; AND 2) must be the same as the effective date listed in the attached n effective date listed therein.)
REQUIRED SIGNATURE:	
Signature of a m	nber or an authorized representative of a member.
(In accordance with section the penalties of perjury that document to the Departmen	18.408(3), Plorida Statutes, the execution of this document constitutes an affirmation under the facts stated herein are true. I am aware that any false information submitted in a of State constitutes a third degree felony as provided for in s.817.155, E-8.)
	Typed or printed name of signee  Page 2 of 2
	Page 2 of 2
	Page 2 of 2
	FLORIDA
	510A