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EFFECTIVE DATE 04-16-14

B. BOSTICK APR **2 2** 2014

EXAMINED

## **COVER LETTER**

10:	Registration Section Division of Corporations		
SUBJE	CT: STRONG TOWER CONSULTAN		
	Name of Li	mited Liability Company	
The end	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	KATRINA LADSON	N AD	
		Name of Person	
	HIDDEN TREAUSRES BUSINESS	& FINANCE EMPORIUM, LLC Firm/Company	
	3627 W. BROWARD BLVD		
		Address	<del></del>
	FORT LAUDERDALE, FL 33312		
	(	City/State and Zip Code	1
MS	SIH@AOL.COM E-mail address: (to be use	d for future annual report notification)	
For furt	ther information concerning this matter, ple	ase call:	
KATRI	NA LADSON at (	954 ) 660,7604	· J
	Name of Person	Area Code Daytime Telephone Number	
Enclose	ed is a check for the following amount:		,
\$125.00	0 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
	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:

## Strong Tower Consultants, L.L.C.

#### **ARTICLE II - Address:**

<u>Principal Address:</u>
3316 Onyx Road
Miramar, Florida 33025

Mailing Address:
Same as principal address

## ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Hidden Treasures Business & Finance Emporium, L.L.C. 3627 W. Broward Blvd. Fort Lauderdale, FL 33312

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 605, F.S..

Registered Agent's Signature

\_\_\_ Date: 01.16.2014

## ARTICLE IV

The name and address of each person authorized to manage & control the Limited Liability Co.

Title:

Name and Address:

Manager

ETTA HARBIN 3316 Onyx Road Miramar, FL 33025

### **ARTICLE V:**

Effective date, if other than the date of filing: April 16, 2014

(In accordance with section 605.0203 (1) (b), 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.)

**SIGNATURE:** 

ETTA HARBIN, MANAGER

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