L14000153071

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000228982 3)))

H14000228989823ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850)385-6735
Fax Number : (954)641-4192

FILED
2014 SEP 30 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
14 SEP 30 AM 11:09
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
EMPOWER WOME'S HEALTH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$125.00

Electronic Filing Menu Corporate Filing Menu Help

K. SALY
EXAMINER
OCT - 1 2014

H14000228982

FILED
2014 SEP 30 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Organization for Florida Limited Liability Company

ARTICLE 1 – Name:

The name of the Limited Liability Company is EMPOWER WOMEN'S HEALTH, LLC.

ARTICLE 2 – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

10066 BOCA PALM DRIVE
BOCA RATON, FL 33498

ARTICLE 3 – Registered Agent, Registered Office and Registered Agent's Signature:

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

DAWN DONOHUE
10066 BOCA PALM DRIVE
BOCA RATON, FL 33498

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.

Dawn Donohue
Registered Agent's Signature

ARTICLE 4 – Management

The Limited Liability Company is to be managed by a manager or managers and is, therefore, a manager-managed company.

The name and address of person(s) authorized to manage the Company is:

Dawn Donohue, Manager
10066 Boca Palm Drive
Boca Raton, FL 33498

ARTICLE 5 – Limitation on Agency Authority of Members

Pursuant to section 605.0201(3)(a) of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member and no member shall have authority to incur debt or contractual liability on behalf of the Company solely by virtue of being a member.

SIGNATURE OF MEMBER OR AUTHORIZED MEMBER

Dawn Donohue
Dawn Donohue

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated therein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st of the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

H14000228982