

# L15000195838

\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

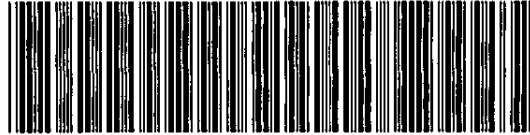
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Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
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15 NOV -9 PM 12:50  
TALLAHASSEE, FLORIDA

NOV 24 2015

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Mpowerment Works, 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:

Maria L. Rivera (Marisa)

Name of Person

Mpowerment Works, LLC

Firm/Company

600 Three Islands Blvd., Suite 1812

Address

Hallandale Beach, FL 33009

City/State and Zip Code

Marisa@MpowermentWorks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria L. Rivera (Marisa)

703

999-4122

at ( )

Name of Person

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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 NOV -9 PM 12: 52

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Mpowerment Works, 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:**

600 Three Islands Blvd., Suite 1812

Hallandale Beach, FL 33009

**Mailing Address:**

600 Three Islands Blvd., Suite 1812

Hallandale Beach, FL 33009

**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:

Maria L. Rivera (Marisa)

Name

600 Three Islands Blvd., Suite 1812

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

Hallandale Beach,

FL

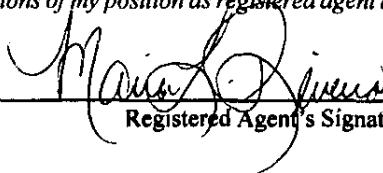
33009

City

State

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 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR and MGR

**Name and Address:**

Maria L. Rivera (Marisa)

600 Three Islands Blvd., Suite 1812

Hallandale Beach, FL 33009

(Use attachment if necessary)

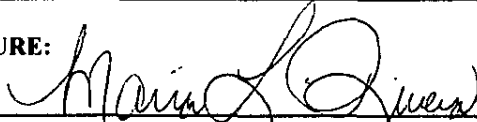
**ARTICLE V:** Effective date, if other than the date of filing: Date of filing (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Maria L. Rivera (Marisa)

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 NOV -9 PM 12:52



Florida Department of State  
Division of Corporations  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Filing for Limited Liability Company for Mpowerment Works, LLC**

Division of Corporations- New Filing Section:

Enclosed, please find the Articles of Organization and fee of \$130.00 submitted for filing for Mpowerment Works, LLC in the State of Florida.

My consulting and public speaking business is run out of my home and the business address is:

600 Three Islands Blvd., Suite 1812  
Hallandale Beach, FL 33009  
Tel. (703) 999-4122

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Maria L. Rivera', is written over a horizontal line.

Maria L. Rivera