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EFFECTIVE DATE 02/01/16

x 04/17/16

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Power Dining, L.L.C.
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:
James E. Mills
Name of Person
Firm/Company
1861 NW South River Dr. Unit 2402
Address
Miami, FL 33125
City/State and Zip Code
Jemmorketingmunagement e gmail, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James Mills at 402 208-6444
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{Certificate of Status} \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (addition
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

, ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Power Dining, L.L.C. (Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1861 NW South River Dr.	1861 NW South River Dr.
Miami, FL 33125	<u>Unit 2402</u> Miami, FL 33125
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	agent are:
James E. M	uille en
	Name
	h River Dr. Unit 2402 (P.O. Box NOT acceptable)
Miami	FL 33125
City	State Zip
place designated in this certificate, I hereby accept the appoint	e of process for the above stated limited liability company at the intment as registered agent and agree to act in this capacity. I ating to the proper and complete performance of my duties, and I s registered agent as provided for in Chapter 605, F.S
Anomer E	Wills
Register	Mills red Agent's Signature (REQUIRED)
	(CONTINUED)

Page 1 of 2

ROLLVEGESCOLLECTOR SERVICE

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager_		
MGR/AMOR	James E. Mills 1861 NW South River Dr. Unit 2402 Miami, FL 33125	
•		
(Use attachment if necessary)		
(Osc attactiment if necessary)	1 1	
TICLE V: Effective date, if other than the dat	te of filing: 2112016 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 day	s af
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