

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
(D.,	-in-in-Fukk Man	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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TO:

Registration Section

COVER LETTER

D	ivision of Corporations	
SUBJECT		N POWELL ENTERPRISES, LLC
		me of Limited Liability Company
The enclos	sed Articles of Organization and	I fee(s) are submitted for filing.
Please retu	ırıı all correspondence concerni	ng this matter to the following:
	RYAN POWELL	
		Name of Person
		Firm/Company
	1215 B GREENE SQUARE	
		Address
	CELEBRATION, FL 34747	
	ryan.powell.sold@gmail.com	City/State and Zip Code
,	E-mail address: (t	o be used for future annual report notification)
For further i	information concerning this mat	ter, please call:
	RYAN POWELL	407 473-1847 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	s a check for the following amo	ount:
] \$125.00 F	iling Fee \$130.00 Filing Certificate of	Status Status S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		L ENTERPRISES		
(Must ei	nd with the words "Limited l	Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	t address of the principal of	ice of the Limited	Liability Company is:	
<u>Princ</u>	cipal Office Address:		Mailing Address:	
1215 B GREENE			B GREENE SQUARE	
CELEBRATION,	FL 34747	<u>CEL</u>	EBRATION, FL 34747	
(The Limited Liability Compa another business entity with a	any cannot serve as its own I an active Florida registration	Registered Agent. \)	nt's Signature: You must designate an individual or	
(The Limited Liability Compa another business entity with a	any cannot serve as its own I an active Florida registration	Registered Agent. \ -) agent are:		
(The Limited Liability Compa another business entity with a	any cannot serve as its own I an active Florida registration et address of the registered a RYAN POWELL	Registered Agent. \ .) agent are: Name		
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stre	any cannot serve as its own I an active Florida registration set address of the registered a RYAN POWELL 1215 B GREENE SQU	Registered Agent. \ .) agent are: Name	You must designate an individual or	
(The Limited Liability Compa another business entity with a	any cannot serve as its own I an active Florida registration et address of the registered a RYAN POWELL	Registered Agent. \ .) agent are: Name	You must designate an individual or	
(The Limited Liability Compa another business entity with a	any cannot serve as its own I an active Florida registration set address of the registered a RYAN POWELL 1215 B GREENE SQUE Florida street address CELEBRATION	Registered Agent. No. 1 Name JARE (P.O. Box NOT ac	You must designate an individual or ceptable)	
(The Limited Liability Compa another business entity with a The name and the Florida stre	any cannot serve as its own I an active Florida registration set address of the registered a RYAN POWELL 1215 B GREENE SQUE Florida street address CELEBRATION City	Registered Agent. No. 1	You must designate an individual or	

(CONTINUED)

Page 1 of 2

16 JUN 20 PM 3: 05

<u>Title:</u>	Name and Address:
"AMBR" = Authoriz	d Member
"MGR" = Manager MGR	RYAN POWELL
MOR	1215 B GREENE SQUARE
	CELEBRATION, FL 34747
	D. GUELLA DOLLERA
AMBR	RACHEAL POWELL 1215 B GREENE SQUARE
	CELEBRATION, FL 34747
	OLDBRATTON, TESTIN
E V: Effective date, is cive date is listed, to filing.)	Other than the date of filing: MAY 1, 2016 (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 9
ective date is listed, to filling.) the date inserted in to ment's effective date	Tother than the date of filing: MAY 1, 2016 (OPTIONAL) are date must be specific and cannot be more than five business days prior to or 9 is block does not meet the applicable statutory filing requirements, this date will non the Department of State's records.
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E V: Effective date, is ective date is listed, to filling.) The date inserted in the date inserted ate	Tother than the date of filing: MAY 1, 2016 (OPTIONAL) are date must be specific and cannot be more than five business days prior to or 9 is block does not meet the applicable statutory filing requirements, this date will non the Department of State's records.
E V: Effective date, is ective date is listed, to ffiling.) the date inserted in the ment's effective date	Ture: Optional (OPTIONAL) MAY 1, 2016 (OPTIONAL) To date must be specific and cannot be more than five business days prior to or 9 is block does not meet the applicable statutory liling requirements, this date will not the Department of State's records. So, if any.
E V: Effective date, is ective date is listed, to ffiling.) the date inserted in the ment's effective date E VI: Other provision REOUIRED SIGNA	Tother than the date of filing: MAY 1, 2016 (OPTIONAL) is block does not meet the applicable statutory liling requirements, this date will non the Department of State's records. s, if any. Signature of a member or an authorized representative of a member.
E V: Effective date, is ective date is listed, to ffiling.) the date inserted in the ment's effective date E VI: Other provision REOUIRED SIGNATION This I am	Ture: Optional (OPTIONAL) MAY 1, 2016 (OPTIONAL) To date must be specific and cannot be more than five business days prior to or 9 is block does not meet the applicable statutory liling requirements, this date will not the Department of State's records. So, if any.
E V: Effective date, is ective date is listed, to ffiling.) the date inserted in the ment's effective date E VI: Other provision REOUIRED SIGNATION This I am	Signature of a member or an authorized representative of a member. Jocument is executed in accordance with section 605.0203 (1) (b), Florida Statutes a third degree felony as provided for in s.817.155, F.S. RYAN POWELL
E V: Effective date, is ective date is listed, to ffiling.) the date inserted in the ment's effective date E VI: Other provision REOUIRED SIGNA This I am	TURE: Signature of a member or an authorized representative of a member. Signature of a mechan of state with section 605.0203 (1) (b), Florida Statutes aware that any false information submitted in a document to the Department of State statutory.