

L21000099220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

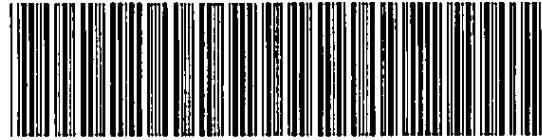
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/01/21--01028--019 \*\*160.00

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TALLAHASSEE, FL

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Enriched Empowerment of Wealth Club 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:

Marie Balan

Name of Person

Firm/Company

3386 Rogue St

Address

North Port, FL 34291

City/State and Zip Code

Marie\_Balan85@yahoo.com

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

For further information concerning this matter, please call:

Kervin Garius

941

268-3096

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Enriched Empowerment of Wealth Club LLC

(Must contain 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:

2511 Luther Rd, Apt 918

Punta Gorda, FL 33983

Mailing Address:

2511 Luther Rd, Apt 918

Punta Gorda, FL 33983

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:

Marie Balan

Name

2511 Luther Rd, Apt 918

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

Punta Gorda

FL

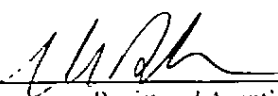
33983

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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

<u>AMBR</u>	<u>Hill Salvador</u> <u>4428 28th st sw</u> <u>Lehigh, FL 33973</u>
<u>AMBR</u>	<u>Julian Gilles</u> <u>3482 Everette Ter</u> <u>North Port, FL 34286</u>
<u>Amber</u>	<u>Kervin Garius</u> <u>2511 Luther Rd Apt 918</u> <u>Punta Gorda, FL 33983</u>
<u>AMBR</u>	<u>Marie Balan</u> <u>3386 Rogue St</u> <u>North Port FL 34291</u>

(Use attachment if necessary)

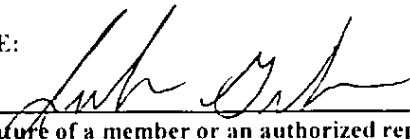
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.  
Julien Gilles  
\_\_\_\_\_  
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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HILLMANVILLE, FL  
STATE

Article IV ( Attachment )

Additional members

AMBR

Miranda Alexis

821 NW 13<sup>th</sup> Ave Apt 12

Fort Lauderdale, FL 33311

AMBR

Sherwood Barthelus

23120 Allen Ave

Port Charlotte, FL 33980

AMBR

Sidney Dort

1668 NW 17<sup>th</sup> Ave Apt 7

Pompano Beach, FL 33069

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CLERK