

L21000101935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

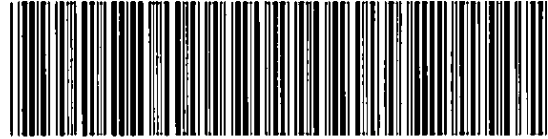
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/12/21--01001--004 **160.00

2021 MAR 11 PM 6:07

2021 MAR 11 PM 3:52

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Women's Empire, 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:

Tatiana Virginia
Name of Person

The Women's Empire, LLC
Firm/Company

2566 W. Tennessee St.
Address

Apt. 13122, Tallahassee, FL. 32304
City/State and Zip Code

Tatiana Virginia3@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marquis Williams (904) 856-0710
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

(CONTINUED)

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

~~XXXXXXXXXX~~

11/11/2020

Ambr

Tatiana Virginia
2510 W. Tennessee St.
Apt. 1312a Tallahassee FL 32301

Mgr

Marquis Williams
1181 Ocala Rd
Tallahassee FL 32304

Note: If the date entered on the block does not meet the applicable statutory filing requirements, this date will not be listed on the "due date" column, since it is not in the Department of State's records.

ARTICLE 3. If 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 605.020(3) (5), 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.

Tatiana Virginia
Typed or printed name of signee

Filing Fees:

1. NAME OF THE FIRM _____