M0800001850

| (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: L. SELLERS | | |
| APR 17 2008 | | |
| EXAMINER | | |

Office Use Only



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2008 /pr.IL AMII: 08
SECRETARY OF STATE
TALLAHASSEE, FLORID

FILED

COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: Empowerment Learning Se | rvices LLC |
|---|--|
| (Name of Limi | ted Liability Company) |
| The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are su liability company to transact business in Florida | bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited |
| Please return all correspondence concerning this m | atter to the following: |
| Susie Goodman | |
| (Nai | me of Person) |
| Empowerment Learning Se | ervices |
| (Fire | m/Company) |
| 1687 English Rose Dr. | |
| • | (Address) |
| Las Vegas Nevada 87142 | |
| (City/Sta | te and Zip Code) |
| For further information concerning this matter, plea | se call: |
| Sue Goodman | _{at (} 313 ₎ 732-7332 |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: \$\Bigcup\$\frac{1}{30.00}\$ \text{ Filing Fee & Certificate of }\$ | \$155.00 Filing Fee & \$\sumsymbol{\mathbb{I}}\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy |



March 6, 2008

SUSIE GOODMAN 1687 ENGLISH ROSE DR. LAS VEGAS, NV 87142

SUBJECT: EMPOWERMENT LEARNING SERVICES LLC

Ref. Number: W08000011928

We have received your document for EMPOWERMENT LEARNING SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal's office address.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 808A00014097

Leslie Sellers Regulatory Specialist II



March 28, 2008

SUSIE GOODMAN 1687 ENGLISH ROSE DR. LAS VEGAS, NV 87142

SUBJECT: EMPOWERMENT LEARNING SERVICES LLC

Ref. Number: W08000011928

We have received your document for EMPOWERMENT LEARNING SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 508A00018589

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Empowerment Lea (Name of Foreign Limited) | rning Services LLC Liability Company; must include | e "Limited Liability Company," "L.L. | C.," or "LLC.") |
|--|---|--|---------------------|
| | | of transacting business in Florida and ate name. The alternate name must inc | |
| 2. Georgia | 3 | 80-0147265 | |
| (Jurisdiction under the law of w company is organized) | nich foreign limited liability | 80-0147265 (FEI number, if applied | :able) |
| 4. 2/11/2008 | 5. | | |
| (Date of Organiz | ation) | (Duration: Year limited liability corexist or "perpetual") | npany will cease to |
| 6. N/A | | | |
| (Date (See sec | first transacted business in Flori tions 608.501 & 608.502 F.S. to | - · · · · · · · · · · · · · · · · · · · | |
| 7. 1687 En | Wish Rose | Dr. | |
| Las Vegas, | Wi 89/42) (Street Address of | E Deinsing LOGG | |
| <i>\rightarrow i</i> | (Street Address of | Principal Office) | |
| limited liability compan المعور 8 | y is a manager-managed co | ompany, check here | |
| 9. The name and usual busin | ess addresses of the manag | ging members or managers are a | s follows: |
| Sue Grove | dman | | |
| 1801/ J | ava Isle 1 | Dr. | <u> </u> |
| Tampa Flo | rida | | |
| | ch it is organized. (A photocopy i | ys old, duly authenticated by the official s not acceptable. If the certificate is in a tted.) | |
| 11. Nature of business or put | poses to be conducted or p | promoted in Florida: After Sc | chool Tutoring |
| Program | | | 7AS 201 |
| Se | I Hordman | /_ | CRE T |
| | | orized representative of a memb | per S A A A |
| | | the execution of this document constitute that the facts stated herein are true.) | SEE. SEE. |
| _ | Goodman | | |
| | Typed or printed n | ame of signee | |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of | f the Limited Liability Company is: | | | | |
|-----------------------------------|---|--|--|--|--|
| Empowerment Learning Services LLC | | | | | |
| If name unavai | lable, the alternate name to be used in the state of Florida is: | | | | |
| 2. The name an | and the Florida street address of the registered agent and office are: Suc Godman Empowerment Learning Services LLC (Name) | | | | |
| | 18011 Java Isle Dr. Florida Street Address (P.O. Box NOT ACCEPTABLE) | | | | |
| | Tampa FL 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 608, Florida Statutes.

Sul Lordmen (Signature)

| \$ 100. | .00 | Filing Fee for Application |
|---------|-----|----------------------------------|
| \$ 25. | .00 | Designation of Registered Agent |
| \$ 30. | .00 | Certified Copy (optional) |
| \$ 5. | .00 | Certificate of Status (optional) |

SECRETARY OF STATE

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF ORGANIZATION

I, Karen C Handel, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

EMPOWERMENT LEARNING SERVICES LLC

a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on 02/11/2008 by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on February 11, 2008



Karen CHances Secretary of Sta

OF STATE

TICO