

L21000101935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

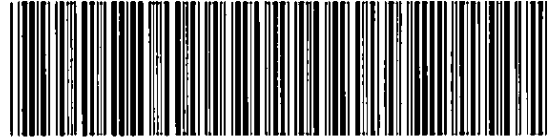
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/12/21--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

2506 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 (501) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Women's Empire, 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:

Mailing Address:

2506 W. Tennessee St.
Apt. 13122
Tallahassee, FL 32304

2506 W. Tennessee St.
Apt. 13122
Tallahassee, FL 32304

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:

~~XXXXXXXXXXXXXXXXXXXX~~ Name Tatiana Virginia
~~XXXXXXXXXXXXXXXXXXXX~~ Florida street address (P.O. Box NOT acceptable) 2506 W. Tennessee St
Tallahassee, FL 32304 Apt. 13122
City State Zip

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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.

~~XXXXXXXXXXXXXXXXXXXX~~
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

~~_____~~

~~_____~~
~~_____~~
~~_____~~

Ambr

Tatiana Virginia
2510 W. Tennessee St.
Apt. 1312a Tallahassee FL 32304

Mgr

Marquis Williams
1187 Ocala Rd.
Tallahassee FL 32304

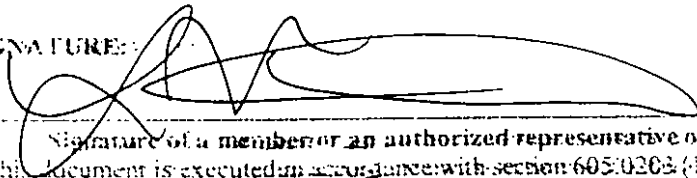
(Use attachment if necessary)

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 recorded in the document and will not be placed in the Department of State's records.

ARTICLE 6: 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) (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 signer

Filing Fees:

FOR INFORMATION ONLY: Article 10: Communication and Designation of Registered Agent.