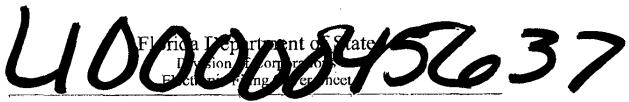
Division of Corporations



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(((H10000101840 3)))



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To:

Division of Corporations

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: (850)617-6383

From:

Account Name

: NATIONAL CORPORATE RESEARCH, LTD

Account Number : 120000000088

: (800)221-0102

Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:			
	word app!	_	 	

FLORIDA LIMITED LIABILITY CO. WWD Bookings LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

D. BRUCE

APR 29 2010

EXAMINER

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(((H100001018403)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -	Name:	•		
The name of th	e Limited Liability Com	pany is:		
WWD Bookir	igs LLC			
	(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "L.L.C.,")		
ARTICLE II -	Address:			
The mailing ad	dress and street address	of the principal office of the Limited Liability 🚾	mpany is	:
D 1 1 1000				
Principal Offic	e Address:	Mailing Address:	APR	
2648 Bayview Aven	ue	264B Bayview Avenue	28	-
Toronto M2L 1B9		Toronto M2L 1B9	₹ ₩	ŧ
Ontario Canada		Ontario Cerrada		1
(The Limited Liability business entity with	ty Company cannot serve as its a active Florida registration.)	gistered Office, & Registered Agent's Sign and a new Registered Agent. You must designate an individual or and the signate and individual or and the signature.	ie:	O
The name and t	he Florida street address	of the registered agent are:		
	National Corporate	Research, Ltd., Inc.		
	•	Name	•	
	515 East Park Ave	enue		
	Florida	street address (P.O. Box NOT acceptable)		
	Tallahassee	FL 32301		•

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, F.S.

Ann Marie Cummins
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

(((H100001018403)))

(((H10000101840 3)))

Title: "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
David Jacobus Peatmain, MGR	2648 Bayview Avenue
	Toronto M2L 1B9
	Ontario Canada
	True.
	phone of
	SS SS
	740 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
	
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(Use attachment if necessary)	
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LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of a coordance of this docume that the facts s	than the date of filing: (OPTIONAL must be specific and cannot be more than five business days member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)