

L1VVVVU 95957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

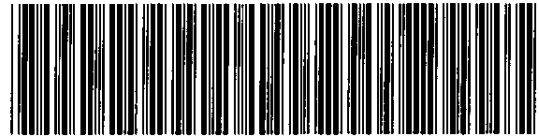
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS  
2010 SEP 14 PM 1:30  
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SUFFICIENCY OF FILING

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 14 PM 1:35

B. KOHR  
SEP 14 2010  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WorldVibe LLC  
Name of Limited Liability Company

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 14 PM 1:35

The enclosed Articles of Organization and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Fermin  
Name of Person

\_\_\_\_\_  
Firm/Company

1514 Myrtle drive  
Address

Tallahassee, FL 32301  
City/State and Zip Code

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

For further information concerning this matter, please call:

David Fermin at (850) 459 2616  
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  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS  
10 SEP 16 PM 1:35

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

World Vibe LLC

(Must end with 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:**

1514 Myrtle dr.  
Tallahassee, FL 32301

**Mailing Address:**

1514 Myrtle dr.  
Tallahassee, FL 32301

**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:

David Fermin

Name

151 Riversink rd.

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

Crawfordville FL 32327

City, State, and 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, F.S..*

David Fermin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

David Fermin 151 Riversink rd.  
Crawfordville, FL 32327

MGRM

Rhody McKown  
1514 Myrtle dr. Tallahassee, FL  
32301

MGRM

Jeremiah Foxwell  
1514 Myrtle dr. Tallahassee FL,  
32301

(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.)

**REQUIRED SIGNATURE:**

David Fermin

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David Fermin

Typed or printed name of signer

**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)