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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registra Division													
SUBJE	CT: A	хсе	ss	WorldWide,LLc										
				Name of Limit	ed Li	abili	ty Com	par	ıy			,		
The enc	losed Art	icles (of O	rganization and fee(s) are	subm	itted	for fili	ng.						
Please r	eturn all	corres	pone	dence concerning this matt	er to	the f	followin	ıg:						
	Dway	ne	Α.	Wynn										
-			**		Nam	e of	Person							
	Axce	ss	Wo	rldWide, LLC										
-					Firn	n/Coi	mpany							
	Post	: Of	fi	ce Box 530888										
-						Addr	ess				· · · · · · · · · · · · · · · · · · ·	 		
	Miam	ni,	Fl	orida 33153										
_				Cit	y/Stat	te and	d Zip Co	ode						
_	Axce	essv	or	ldWide@aol.com	<u>е</u>		···•			,,				_
,				E-mail address: (to be used	tor ful	ture a	innual re	epor	notifica	ation)				
For furt	her infor	nation	1 cor	ncerning this matter, please	call:	:								
Dv	vayne	A.	Wy	nn	_ at ((05)	751-					
		Nam	e of I	Person			Area Co	ode (& Daytin	ne Tele	phone Number	•		
Enclose	ed is a c	heck	for t	he following amount:										
□\$ 125.0	00 Filing	g Fee	X	1\$130.00 Filing Fee & Certificate of Status		Cert	tified C	Cop	g Fee & y is enclos		\$160.00 F Certificat Certified (additional	e of Stat Coppy	us &	
				Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Registr Division Clifton 2661 E	ation of Bu	urier Action Section of Corporal Corpor	on orations denter C		TARY OF STATE ASSEE FLORID	25 AH 10: 58	- Carrier

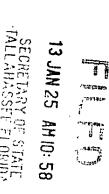
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	rldwide, L.L.C	
(Must	end with the words "Limited	I Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addı The mailing address		the principal office of the Limited Liability Company is:
Principal Office Add	dress:	Mailing Address:
741 N. W. 62nd	Street	Post Office Box 530888
Miami, Florida	33150	Miami, Florida 33153
business entity with an acti	pany cannot serve as its own ive Florida registration.)	stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another f the registered agent are:
business entity with an acti	pany cannot serve as its own ive Florida registration.)	Registered Agent. You must designate an individual or another f the registered agent are:
business entity with an acti	pany cannot serve as its own ive Florida registration.) orida street address of Dwayne A. W	Registered Agent. You must designate an individual or another f the registered agent are: lynn Name
business entity with an acti	pany cannot serve as its own ive Florida registration.) orida street address of Dwayne A. W. 741 N. W. 6	Registered Agent. You must designate an individual or another f the registered agent are: lynn Name
business entity with an acti	pany cannot serve as its own ive Florida registration.) orida street address of Dwayne A. W 741 N. W. 6 Florida street Miami	Registered Agent. You must designate an individual or another If the registered agent are: Name 2nd Street eet address (P.O. Box NOT acceptable) FL 33150
business entity with an acti	pany cannot serve as its own ive Florida registration.) orida street address of Dwayne A. W 741 N. W. 6 Florida street Miami	Registered Agent. You must designate an individual or another f the registered agent are: lynn Name 2nd Street eet address (P.O. Box NOT acceptable)

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2



ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGRM = Managing Member	Dwayne A. Wynn
MGRM	Post Office Box 530888
	Miami, Florida 33153
	·
LE V: Effective date, if other than the fective date is listed, the date mus	e date of filing: (OPTION to be specific and cannot be more than five busing)
LE V: Effective date, if other than the fective date is listed, the date must br 90 days after the date of filing.)	e date of filing: (OPTION to be specific and cannot be more than five busing
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LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	er of an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
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