L07000046470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
07 MAY -1 PM 1:56

Reservation of LLC Name

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Date: April 17, 2007

LLC Filings Office:

Please reserve the following proposed limited liability company name for my use for the allowable period specified under state law:

Web it Right LLC

If the above name is not available, please reserve the first available name from the following list of alternative names:

Alternative Name: Beyond LLC

Alternative Name: Crescendo LLC

I enclose a check in payment of the reservation fee. Please send a certificate, receipt for payment, or other acknowledgment or approval of my reservation request to me at my address shown below.

Thank you for your assistance,

Signed: _____

Riguad Seraphin
6318 NE 1st Ave
Miami, FL 33138

Enclosures: check for reservation fee, stamped, self-addressed envelope

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

Article I - Name:

The name of the Limited Liability Company is:

Web it Right LLC

Article II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

6318 NE 1st Ave, Miami, Fl 33138

Article III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Riguad Seraphin
Name

6318 NE 1st Ave, Miami, Fl 33138
Florida street address (P.O. Box **NOT** acceptable)

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.

Registered Agent's Signature

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Article IV - Manager(s) or Managing Members(s):

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

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Riguad Seraphin 6318 NE 1st Ave, Miami, FL 33138
MGRM	Gregor Richardson 5101 NE 3rd Ct #2, Miami Fl 33137

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

Riguad Seraphin

Typed or printed name of signee

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)