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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : PARCORP SERVICES, LTD. Account Number : 119990000011

Account Number: 119990000011 Phone: (727)320-9848 Fax Number: (727)320-9648

LIMITED LIABILITY COMPANY

YOUR NEW WEB LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Fax Audit No. (((H00000009320 3))) STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF YOUR NEW WEB LLC

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

YOUR NEW WEB LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 5730 NW 62 MANOR, PARKLAND, FLORIDA 33067

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 its 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 608, F.S..

Registered Agent's Signature

ARTICLE IV - Management (Check Box if Applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

Signature of a member or 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.)

<u>MICHAEL J. JAGODA</u>

Typed or Printed name of signee

Preparer Info:

Parcorp Services, Ltd. / Michael J. Jagoda, PMB 258 - 13799 PARK BLVD. N., SEMINOLE, FL 33776 ' Phone: 727-320-9848

Fax Audit No. (((H00000009320 3)))

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

YOUR NEW WEB LLC

2. The name of the Florida street address of the registered agent are:

DAVID DUNNE	SEC	00	
Name	RETA Alla		1
5730 NW 62 MANOR		1	-
Florida street address (P.O. Box NOT ACCFPTABLE)			1 }
PARKLAND, FL 33067	SE SE	AH 2:	D
City, State and Zip		17	

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 DUNNE, Registered Agent

Fax Audit No. (((H00000009320 3)))