L00000003683

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)
1406 Hays Street, Suite 2
(Address)
Tallahassee, FL 32301 (904) 656-3992
(City, State, Zip) (Phone #)

200003191412--8 -03/31/00--01041--017 \*\*\*\*125.00 \*\*\*\*125.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

CORPORATION NAME	E(S) & DOCOMENT INCH.	10,111(0) (11,1110)	
1. All The Wo	rld LLC	(Document #)	
, (Corporation	n Namej	(Boodinant #)	
2. (Corporation	n Name)	(Document #)	RECOMEN
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4. (Corporation	on Name)	(Document #)	
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Mail out W	ill wait Photocopy	PC Certificate of S	Status
NEW FILINGS	AMENDMENTS		1 8/1-21-80
Profit	Amendment		L/100005
NonProfit	Resignation of R.A., Offic	er/Director	
Limited Liability	Change of Registered Age	ent	(K) 51
Domestication	Dissolution/Withdrawal		
Other	Merger		To the second se
	REGISTRATION/		
OTHER FILINGS	QUALIFICATION		. (1)
Annual Report	Foreign		CA 1
Fictitious Name			1000
Name Reservation	Limited Partnership		
	Reinstatement		
	Trademark	E	xaminer's Initials
	Other	ı	

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

#### ALL THE WORLD, LLC

#### ARTICLE II - Address:

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

411 Cleveland Street PMB # 220. Clearwater, FL 33755

ARTICLE III - Management (Check box if applicable.)

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

In accordance with section 608.408(3), Florida Statutes, the undersigned executes this documents and affirms under the penalties of perjury that the statements made herein are true.

Kathleen O'Neill, Authorized representative of a member

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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.

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The name and the	e Florida street address of the registered agent are:		
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, · · ·	Laura Sherman	28	R
1	Name	AR)	$\frac{\omega}{}$
* * * * * * * * * * * * * * * * * * * *	411 Cleveland St., PMB#220	COF S	PM 12:
,,	Florida street address (P. O. Box NOT ACCEPTABLE)		
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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.

SIGNATURE

Filing Fee: 5 35 for Designation of Registered Agent