	20019647
ROGER B. GREEN & ASSOCIATES P.O. BOX 106 PORT SALERNO, FL 34992	S.00004671785 -11/08/0101015011 *****125.00 *****125.0 Office Use Only
CORPORATION NAME(S) & DOCUI	MENT NUMBER(S), (if known):
1 (Corporation Name)	(Document #)
2(Corporation Name)	(Document #)
3 (Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
 Walk in Mail out Will wait 	Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS	AMENDMENTS Amendment Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION
 Annual Report Fictitious Name 	 Foreign Limited Partnership Reinstatement Trademark Other

.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WORLOWIDE SYNERGY GROUP, L.L.C.

ARTICLE II - Address:

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

1120 S.E. BUTTONWOOD Ca Stunar, FL. 34997

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

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

<u>Yodeen K.(</u> Name <u>1120 SE. Burrowwww</u> Florida street address (P.O. Box <u>NOT</u> acceptable) STUBRT EL 349 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.

egistered 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.

(An additional article must be added if an effective date is requested)

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

(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.)

OGER Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

ю РМ

N

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)