

LO3 0000 23817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

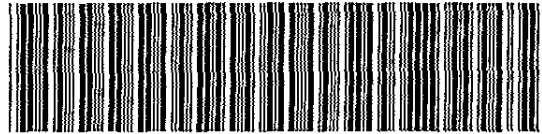
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

189, 623, 671
3848

Office Use Only

W03-17210



900020516979

06/11/03--01069--014 **125.00

FILED
03 JUN 30 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

New World Enterprises

**Michael N. Massion
633 N.E 167th St. #1019
North Miami, FL 33162
PH:(305) 651-0071**

FILED

08 JUN 30 PM 3:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PH:(305)651-0071 FAX:(305)651-1333



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 16, 2003

MICHAEL N. MASSION
633 NE 167TH ST. #1019
NORTH MIAMI BEACH, FL 33162

SUBJECT: NEW WORLD ENTERPRISES
Ref. Number: W03000017210

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUN 30 PM 3:09

FILED

We have received your document for NEW WORLD ENTERPRISES and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 103A00037101

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

New World Enterprises L.L.C.

ARTICLE II - Address:

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

633 NE 167th St. #1019 North Miami Beach FL 33162

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

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

Michael N. Massion
Name
633 NE 167th St #1019
Florida street address (P.O. Box **NOT** acceptable)
North Miami Beach FL 33162
City, State, and Zip

FILED
03 JUN 30 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

X Michael Massion
Registered Agent's Signature

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

Joseph Cadet
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.)

Michael N. Massion
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

MANAGING MEMBERS.
MICHAEL N. MASSION
JOSEPH CADET