

L03000054010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

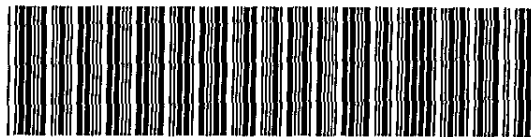
L03-54010

(Document Number)

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03 DEC -9 AM 9:46

Sp

December 8, 2003

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

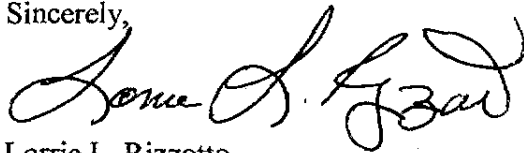
To whom it may concern:

Attached are Articles of Organization. Please forward all registered documents
to:

Lorrie L. Rizzotto
1427 Kinsmere Drive
Trinity, FL 34655
Daytime Phone: (727) 376-3173

Thank you very much!

Sincerely,



Lorrie L. Rizzotto

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WORLDWIDE MEETINGS & EVENT PLANNING, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORRIE L. RIZZOTTO
(Name of Person)

(Firm/Company)

1427 KINSMERE DRIVE
(Address)

TRINITY, FL. 34655
(City/State and Zip Code)

For further information concerning this matter, please call: _____

LORRIE L. RIZZOTTO at (727) 376-3173
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

WORLDWIDE MEETINGS & EVENT PLANNING, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1427 KINSMERE DRIVE
TRINITY, FL. 34655

1427 KINSMERE DRIVE
TRINITY, FL. 34655

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

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

LORRIE L. PIZZOTTO
Name

1427 KINSMERE DRIVE
Florida street address (P.O. Box NOT acceptable)

TRINITY FLORIDA 34655
City, State, and Zip

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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 as provided for in Chapter 608, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:


MANAGER

LORRIE L. RIZZOTTO
1427 KINGSMEERE DRIVE
TRINITY, FL. 34655

(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.)

LORRIE L. RIZZOTTO
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)

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