

L04000037171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

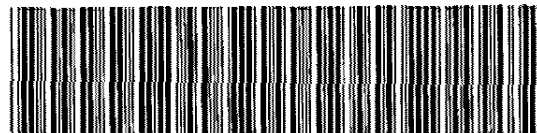
(Document Number)

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Certificates of Status \_\_\_\_\_

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Handwritten signature/initials

RECEIVED  
04 MAY 17 PM 1:07  
FILED  
04 MAY 17 PM 4:46  
STATE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

850-222-2785

City/ST/Zip

Phone #

**FILED**  
04 MAY 17 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

- 1- WORLDWIDE ASSET RECOVERY COMPANY, LLC
- 2- \_\_\_\_\_
- 3- \_\_\_\_\_
- 4- \_\_\_\_\_

- ☒ Walk-in      ☐ Pick-up time ASAP      ☐ Certified Copy  
☐ Mail-out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
WORLDWIDE ASSET RECOVERY COMPANY, LLC**

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**ARTICLE I — Name**

The name of the Limited Liability Company is **WORLDWIDE ASSET RECOVERY COMPANY, LLC**.

**ARTICLE II — Address**

The mailing address and street address of the principal office of the Limited Liability Company is 903 E. Strawbridge Avenue, Melbourne, Florida 32901-4738.

**ARTICLE III — Registered Agent & Registered Office**

The name and street address of the registered agent of the Company is **J. Scott Lanford, Esq.**, 903 E. Strawbridge Avenue, Melbourne, Florida 32901-4738.

**ARTICLE IV — Management**

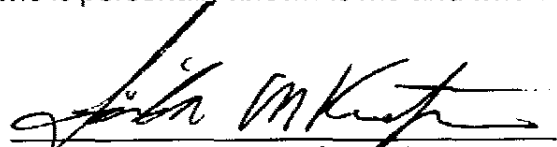
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 12<sup>th</sup> day of May, 2004.

  
\_\_\_\_\_  
**J. Scott Lanford, Esq.**  
Authorized Representative of Member

STATE OF FLORIDA                    )  
  ) ss.  
COUNTY OF BREVARD                )

The foregoing instrument was sworn to and acknowledged before me this 12<sup>th</sup> day of May, 2004, by J. SCOTT LANFORD, ESQ., who is personally known to me and who did take an oath.



Notary Public, State of Florida  
My Commission Expires:



Linda M. Kratzer  
MY COMMISSION # DD039944 EXPIRES  
July 8, 2005  
BONDED THRU TROY FAIN INSURANCE, INC.

### **ACCEPTANCE OF REGISTERED AGENT**

The undersigned, being the person named in the Articles of Organization of **WORLDWIDE ASSET RECOVERY COMPANY, LLC**, as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated Company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and is familiar with and accepts the obligations of the position of registered agent.

DATED this 12<sup>th</sup> day of May, 2004.



J. SCOTT LANFORD, ESQ.

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