

L040000070/30

2004 SEP 21 P 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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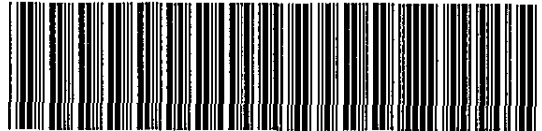
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WORLD'S BEST, LLC
(Name of Limited Liability Company)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

OFER E. GABBAY
(Name of Person)

OFER E. GABBAY & CO., CPA PC
(Firm/Company)

128 SUMMIT AVENUE
(Address)

HACKENSACK, NJ 07601
(City/State and Zip Code)

For further information concerning this matter, please call:

OFER GABBAY at (201) 883-1000
(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

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

FILED
2004 SEP 21 P 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

WORLD'S BEST, LLC

ARTICLE II - Address:

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

Principal Office Address:

7342 WEEPING WILLOW DR

SARASOTA, FL 34241

Mailing Address:

SAME

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

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

KIM PEENS

Name

7342 WEEPING WILLOW DR.

Florida street address (P.O. Box NOT acceptable)

SARASOTA

FLORIDA 34241

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, Florida Statutes..

K Peens

Registered Agent's Signature

9/16/2004

FILED

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

The name and address of each Manager or Managing Member is as follows: 2004 SEP 21 P 12: 50

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

KIM PEENS

7342 WEEPING WILLOW DRIVE
SARASOTA, FL 34241

MGRM

FRANCOISE SCHMID

115 PINE GROVE AVE
SUMMIT, NJ 07901

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

K Peens 9/16/2004
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.)

Kim PEENS
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)