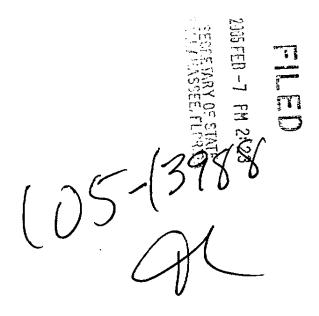


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TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: WORLD Jumns Entertain ment (Name of Limited Liability Company)	Production:
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Reginald Dickerson	
Wordgamms (Firm/Company)	
129 Aurelia Ct (Address)	
Poinciana, Florida 34758 (City/State and Zip Code)	2015 FEB - SECRETA
For further information concerning this matter, please call:	ARY OF S
Regivald Dickerson at (407) 847-5852 (Area Code & Daytime Telephone Number)	2: 23
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee & □ Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	itus &

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

STREET ADDRESS:

Division of Corporations

Tallahassee, Florida 32399

Registration Section

409 E. Gaines Street

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

World amons Entertainment Production

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1330 ATLLESDIE DR. Palm Harbor, FL. 346

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

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

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..

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Reginald Dickerson 129 Aurelia Ct Psinciana, Florida 34758
MGRM	Lisa M. Dickerson 129 Avrelia Ct Poinciana, Plorida 34258
MORM	JOANNE B. Sellinger 1330 Gillespie Dr. Palm Harbor, Fl. 34684

(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.)

eginald Dickerson
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)