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SECRETARY OF STATE
ALLAHASSEE FLORIDA

LA 04/25/05

TRANSMITTAL LETTER

TO:

Section Corporations		
C&S Cor	nsulting LLC	
	_	
Sha	awn Bombaro	
	(Name of Person)	
•	• •	SECT SECT
C&S Consulting LLC		三元 另。
5830		ARY OF STATE FLORID
0000		
	, , , , , , , , , , , , , , , , , , ,	
Bombaro	at (954) 687 7420	
ne of Person)	(Area Code & Daytime To	elephone Number)
for the following amount:		
	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
stration Section sion of Corporations	MAILING A Registration S Division of Co	Section orporations
	C&S Cor (Name of Limit of Organization and fee(s) are spondence concerning this mat Sha C& 5830 I Tamar (City on concerning this matter, please as a concerning this matter, please as a concerning this matter.) To the following amount:	C&S Consulting LLC (Name of Limited Liability Company) of Organization and fee(s) are submitted for filing. spondence concerning this matter to the following: Shawn Bombaro (Name of Person) C&S Consulting LLC (Firm/Company) 5830 French plum LN (Address) Tamarac Florida 33321 (City/State and Zip Code) In concerning this matter, please call: 30mbaro at (954) 687 7420 the of Person) for the following amount: Cortificate of Status Certified Copy (additional copy is enclosed) EET ADDRESS: stration Section sion of Corporations MAILING A Registration Section Sion of Corporations

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name				
The name of the Lin	nited Liability Compan	y is:		
C&S Consulting LLC				
ARTICLE II - Add The mailing address	ress: and street address of th	ne principal of	fice of the Limited L	Liability Company is:
Principal Office Ad	dress:	Mailin	g Address:	
5830 French plum LN		5830 Fre	ench plum LN	
Tamarac Florida 333	321	Tamarac	Florida 33321	
•	N	·		FILEII SEMURETARY OF STATI
			Box NOT acceptable)	100 to 1
_	Tamarac City, St	FL ate, and Zip	33321	
liability company registered agent and statutes relating to	as registered agent and at the place designated agree to act in this cap the proper and complete ations of my position as the proper and complete ations of my position as the proper and complete ations of my position as the proper and complete ations of my position as the proper and the proper are the proper and the proper are the proper at the pr	l in this certific acity. I furthe te performanci	cate, I hereby accept to r agree to comply wit e of my duties, and I a	the appointment as th the provisions of all um familiar with and

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
CEO	Maria Gonzalez
	5830 French Plum LN
	Tamarac Florida 33321
President	Shawn Bombaro
	5830 French Plum LN
	Tamarac Florida 33321
(Use attachment if necessary) NOTE: An additional article must be REQUIRED SIGNATURE:	added if an effective date is requested.
Signature of a member of	r an authorized representative of a member.
(In accordance with section	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury
S	Shawn Bombaro
Typed	or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
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SECRETARY OF STATA

04/25/05

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: World Wide 6 (Name of Limited	Liability Company)	
The enclosed Articles of Organization and fee(s) are sul	bmitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Michael Bernet	tame of Person)	
World Wide Elec-	Papic S	······································
(Fi	im/Company)	TA 9 95
1650 MARGARET	ST. Suite	302 #3128 3 7
GACKSONVIlle, FL	- 332 64 State and Zip Code)	APR 18 PN 3: 23 LERETARY OF STATE ASSEE FLORIDA
For further information concerning this matter, please c	all:	
Michael Bewett (Name of Person)	at ((904) 349-05 (Area Code & Daytime Te	532 elephone Number)
Enclosed is a check for the following amount:		
S125.00 Filing Fee \$\frac{1}{2}\$\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

worldwith Electro	onics LLC	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
Suite 302 # SIY Garksonville, FL. 32204	1650 MARGARET ST. Suite 302 #314 GACKSONVILLE, FL. 32204	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures The name and the Florida street address of the registered agent are: Michael Hassel SSE 10 10 10 10 10 10 10 1		
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pa	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S	

(CONTINUED)

Registered Agent's Signature

Page 1 of 2

The name and address of each Manager	or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mgem	Michael Harpell 4950 94 AVE. Pinclas HARK, FL. 33782
marm	Michael Benniett 14570 Vista LN- LARGO, FL 33774
	₹ 5
(Use attachment if necessary)	APR I
REQUIRED SIGNATURE: Signature of a hrember of this document constitute that the facts stated here	r an authorized representative of a member. n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)
	or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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