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		- <u>-</u>
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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FILE DI 2005 JUL 11 PM 3: 53 DIYANTAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT:		ies World Wide L.L.C.	
	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	oondence concerning this matte	er to the following:	
	Са	rlos A. Marrero	
	(1	Name of Person)	
	()	Firm/Company)	
	2203 Lak	e Debra Drive Apt. #111	20 11.
		(Address)	
			FILED 2005 JUL 11 PM 3: 53 2005 JUL 11 PM 3: 53
	Orland	do, Florida 32835	I PA
<u></u>	(City/	State and Zip Code)	FR 2 0
			200 S
For further information	concerning this matter, please	call:	NOAK DAK
Carlos i	A. Marrero	at (407) 709-4418	•
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STRE	CET ADDRESS:	MAILING A	.DDRESS:

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:				
Laser Technologies World Wide L.L.C.					
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
2203 Lake Debra Drive Apt. #111	2203 Lake Debra Drive Apt. #111				
Orlando, Florida 32835	Orlando, Florida 32835				
Florida street Orla	Lopez Hopez				
liability company at the place designated i registered agent and agree to act in this capa- statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S				

(CONTINUED)

Page 1 of 2

The name and ad	dress of each Manager of	or Managing Member is as follows:	
Title: "MGR" = Manag "MGRM" = Man		Name and Address:	
"MGR"		Carios A. Marrero	
		2203 Lake Debra Drive Apt. #111	- -
		Orlando, Florida 32835	- -
"MGRM"		Hector Esteva	
	-	9922 Moss Rose Way	_
		Orlando, Florida 32832	-
(Use attachment i	• /	added if an effective date is requested.	FILED PASSON
REQUIRED SIG	SNATURE:	7	₹
	(In accordance with section	an authorized representative of a member. 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury in are true.)	
	Ca	arlos A. Marrero	
	Typed	or printed name of signee	

Filing Fees:

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

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

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