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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (Addiess) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Entry Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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11/28/05--01027--033 **160.00

SECRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|-------------|--------------------------------------|
| SUBJECT: Henry Bermidez "LLC" (Name of Limited Liability Company) | | |
| (Name of Limited Liability Company) | | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| Henry Bernudez (Name of Person) | | |
| (Name of Person) | | |
| World Leadership Group (Firm/Company) | | |
| (Firm/Company) | | |
| | | |
| (Address) | | |
| 1631 Celleny Ct. (Address) Kissimmee FL 34744 (City/State and Zip Code) | 2005 | SE |
| (City/State and Zip Code) | 8 | SE SE SE SE |
| For further information concerning this matter, please call: | 2005 NOV 28 | FILED TARY OF STAT OF CORPORAT |
| Hanry Rarmydez 407 538-0034 | 7 | 유유 유유 |
| Henry Bermudez at 407 538 - 0034 (Area Code & Daytime Telephone Number) | PM 4: 07 | AT LONS |
| Enclosed is a check for the following amount: | | |
| \$\begin{array}{ c c c c c c c c c c c c c c c c c c c | | |
| (additional copy is enclosed) Certified Copy (additional copy is enclosed) | osed) | |
| Mailing Address Street/Courier Address Registration Section Registration Section | | |

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Henry Bermodez "LLC"

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE I - Name:

The name of the Limited Liability Company is:

| incipal Office Ad | dress: | Mailing Address: | |
|--|--|---|--|
| 1013 E. Col Orlando 32803 | | 1631 Celleny G. Kissimmee, FL 34744 | |
| e Limited Liability Companies and actions and actions and actions are actions as a second and actions are actions as a second and actions are actions as a second action and actions are actions as a second action and actions are actions as a second action action as a second action a | pany cannot serve as its ov ve Florida registration.) orida street address (| istered Office, & Registered Agent's Signar an individual of the registered agent are: Bly mudlz | |

Jan -

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Månager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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

HENRY BERM V D CZ.
Typed or printed name of signee

Filing Fees:

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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)