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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WORK	ide Marketing Affiliate	es, LLC			_
	(Name of Limite	d Liability Company)			_
The enclosed Articles of	f Organization and fee(s) are s	abmitted for filing.			
Please return all correspondent	ondence concerning this matte	r to the following:			
Michael Le					
	(Name of Person)			
Worldwide	Marketing Affiliates,	LLC			
	(Firm/Company)			
4707 St. S	Simon Drive				
		(Address)			
Coconut C	reek, FL 33073				
	(City	State and Zip Code)			
For further information of	concerning this matter, please	call:			SECRE A
Michael Lettre		ar (21-8653		
(Name	of Person)	(Area Code & D	aytime Te	lephone Number)	S
Enclosed is a check fo	or the following amount:				ACIENTE STATE
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy is enc		\$160.00 Filing Certificate of State Certified Copy (additional copy is en	tus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courie Registration Se Division of Co Clifton Buildi	ection orporation	-	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
he name of the Limited Liability Company is:
Vorldwide Marketing Affiliates, LLC
Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
TO PROJECT WE ARE A LIE
RTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address:**

Mailing Address:

4707 St. Simon Drive 4707 St. Simon Drive Coconut Creek, FL 33073 Coconut Creek, FL 33073

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Michael Lettre	
	Name
4707 St. Simon Drive	
Florida str	reet address (P.O. Box NOT acceptable)
Coconut Creek	FL 33073
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, F.S..

Registered Agent's Signature (REQUIRED)

(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	Name and Address:	
"MGRM" = Managing Member		
MGRM	Michael Lettre	
	4707 St. Simon Drive	
	Coconut Creek, FL 33073	_
MGRM	Avi Mozes	
	21372 Brookhurst Street unit 624	
	Huntington Beach, CA	_
		SECULE: BY OF
(Use attachment if necessary)		STATE
LE V: Effective date, if other than the diffective date is listed, the date must be days after the date of filing.)	ate of filing: (OPT specific and cannot be more than five busine	IONAL)

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.)

Michael Lettre

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)

3 50.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)