

207000046470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

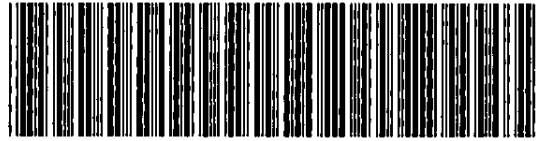
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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LLC

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 MAY - 1 PM 1:56

## Reservation of LLC Name

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Date: April 17, 2007

LLC Filings Office:

Please reserve the following proposed limited liability company name for my use for the allowable period specified under state law:

Web it Right LLC

If the above name is not available, please reserve the first available name from the following list of alternative names:

Alternative Name: Beyond LLC

Alternative Name: Crescendo LLC

I enclose a check in payment of the reservation fee. Please send a certificate, receipt for payment, or other acknowledgment or approval of my reservation request to me at my address shown below.

Thank you for your assistance,

Signed: 

Rigaud Seraphin  
6318 NE 1st Ave  
Miami, FL 33138

Enclosures: check for reservation fee, stamped, self-addressed envelope

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**Article I - Name:**

The name of the Limited Liability Company is:

Web it Right LLC

**Article II - Address:**

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

6318 NE 1st Ave, Miami, Fl 33138

**Article III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

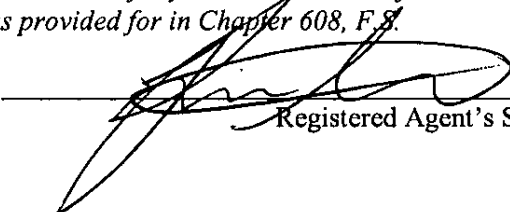
Riguad Seraphin

Name

6318 NE 1st Ave, Miami, Fl 33138

Florida street address (P.O. Box **NOT** acceptable)

*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

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DIVISION OF CORPORATIONS  
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**Article IV - Manager(s) or Managing Members(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Riguad Seraphin

6318 NE 1st Ave, Miami, FL 33138

MGRM

Gregor Richardson

5101 NE 3rd Ct #2, Miami FL 33137

(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.)

Riguad Seraphin

\_\_\_\_\_  
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)**