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COVER LETTER

Division of Corporations			
SUBJECT: MULTILAYER WORLDWIDE ENTE	RPRISES LLC		
(Name of Limited Liability Co	ompany)		
Dear Sir or Madam:			
The enclosed Articles of Correction and fee(s) are submitted for filing	3.		
Please return all correspondence concerning this matter to the following	ng:		
ILENE B. STERN			
(Name of Person)			
KURZMAN EISENBERG CORBIN & LEVER			
(Firm/Company)		1	
1 NORTH BROADWAY, 10TH FLOOR		SECHTERY	
(Address)	_		ener 1422.
WHITE PLAINS, NEW YORK 10601			*
(City/State and Zip Code)		PHI2:	2
For further information concerning this matter, please call:		PHIZ: 07	C
ILENE B. STERN at (914	993-6055		
(Name of Person) (Area Code	& Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
□ \$25 Filing Fee □ \$30 Filing Fee & Certificate of Status □ S55 Filing Fee & Certified Copy	2 □ \$60 Filing Fee, Certificate of Status & Certified Copy		

CR2E062 (08/05)

KURZMAN EISENBERG CORBIN & LEVER, LLP

ATTORNEYS AT LAW

675 THIRD AVENUE, 18* FLOOR NEW YORK, NY 10017 (212) 661-2150

OTHER LOCATIONS: FORT LAUDERDALE, FLORIDA LONDON, ENGLAND GENEVA, SWITZERLAND ONE NORTH BROADWAY
WHITE PLAINS, NEW YORK 10601

TEL: (914) 285-9800 FAX: (914) 285-9855

June 7, 2007

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

Re: Multilayer Worldwide Enterprises LLC

Document Number: L07000058444

Dear Sir/Madam:

Please file, record and send me a certified copy of the enclosed Articles of Correction for Florida or Foreign Limited Liability Company for the referenced entity. Also enclosed is a check in the amount of \$55.00 made payable to "Florida Department of State" in payment of your fee.

Thank you for your assistance in this matter.

Very truly yours,

Frances Chastanet

Legal Assistant

FC/dmo Enclosure

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is: MULTILAYER WORLDWIDE ENTERPRISES LLC					
<u>SECO</u>						
<u>(CH</u>	<u>IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST</u>	<u>ATEMENT</u>				
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:					
	The principal office address is incorrectly stated; the principal office					
	address is as follows: 387 South Washington Drive, Sarasota, FL 34236					
	OR Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	signed and				
Dated:	June 7, 2007 Signature of a member or authorized representative of a member Ilene B. Stern, authorized representative Typed or printed name of signee	SECRETARY OF STATE TAXSSEE FLURIDA	The same of the sa			
	Filing Fee: \$25.00					

Certified Copy:

\$30.00 (optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	SECILE TALLAH,
MULTILAYER WORLDWIDE ENT	ERPRISES LLC
(Must end with the words "Limited Liability Company, "Lin	nited Company" or their abbreviation "LLC," or "L.C.,"
ARTICLE II - Address:	`Q.
The mailing address and street address of the	principal office of the Limited Liability Con
Principal Office Address:	Mailing Address:
37 East Street	37 East Street
Winchester, MA 01890	Winchester, MA 01890
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.)	
The name and the Florida street address of the	e registered agent are:
Corporation Service C	Company
Nam	ne .

Name

1201 Hays Street

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

Tallahassee FL 32301

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.

Corporation Service Company Heather Chapman as its agent

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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.)

By: MARTIN J. WILHEIM

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)