L07000086968

| (Re | questor's Name) | |
|-------------------------|-------------------|---------------|
| | | |
| (Ad | dress) | |
| | | |
| (Ad | dress) | |
| | | |
| (Cit | y/State/Zip/Phon | e #) |
| , | , | - ·· , |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | me) |
| ,50 | Siness Entity Har | ne, |
| (D- | A N/ | |
| OCI) | cument Number) | l. |
| | | |
| Certified Copies | _ Certificates | s of Status |
| • | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| L | | |

Office Use Only



100108134171

08/23/07--01007--014 **155.00

07 AUG 23 PM 3: 53

Xel

CSS Nevada

Corporate Support Services of Nevada, Inc.

July 31, 2007

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

Re: Tech Hero World Wide, LLC

Dear Sir or Madam:

In order to file the above Articles of Organization of Limited Liability Company we have enclosed the following:

- 1. Cover Letter;
- 2. Original and two (2) copies of the Articles of Organization;
- 3. One (1) check payable to the Florida Department of State for \$155.00 for filing and certified copy fee; and
- 4. Priority Mail envelope.

Please file these documents at your earliest convenience. Also, please provide us with two file stamped copies of the filed document. Please return the filed documents to our office in the Priority Mail envelope provided for your convenience. If you have any questions, please do not hesitate to contact this office.

Thank you for your anticipated courtesy and cooperation in this matter.

Sincerely yours,

Alan Russell

AR:bh Encl.

COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|---------|--------------------------------------|---|--|--|
| SUBJI | CT. | Tech Hero | World Wide, LLC | |
| CCBI | | · · · · · · · · · · · · · · · · · · · | Liability Company) | · · |
| The en | closed Articles of | Organization and fee(s) are su | bmitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | _ | | lan H. Russell | |
| | • | (1) | lame of Person) | |
| | | Corporate Supp | ort Services of Nevada, Inc. | |
| | | | Firm/Company) | |
| | | 4525 W | Calana Aria Crita 200 | |
| | | 4535 W. | Sahara Ave Suite 200 (Address) | <u></u> |
| | | | | |
| | <u> </u> | | /egas, NV 89102 State and Zip Code) | |
| | | (City) | State and Zip Code) | |
| For fur | ther information co | oncerning this matter, please ca | all: | |
| Alan I | I. Russell | | at (<u>702</u>) <u>933-4034</u> | |
| | (Name o | of Person) | (Area Code & Daytime Te | lephone Number) |
| Enclo | sed is a check for | the following amount: | | |
| · \$12: | 5.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | x \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center | as |

ARTICIES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| (Must end with the words ' | | orld Wide, LLC 'Limited Company" or their abbreviation "LLC," or | "L.C.,") | |
|--------------------------------------|--|---|-----------|--|
| ARTICLE II - Add | ress: | | | |
| The mailing address | and street address of the | ne principal office of the Limited Liabil | ity Compa | my is: |
| Principal Office Ad | ldwaga. | Mailing Address | | |
| 4535 W Sahara Av | | Mailing Address: 4535 W Sahara Ave Suite 20 | 00 | |
| Las Vegas, NV 89 | 102 | Las Vegas, NV 89102 | | |
| | | | | |
| another business entity with an acti | • | | | |
| The name and the FI | | the registered agent are: | 07 AU | SECR |
| The name and the FI | D | rew Paras | 07 AUG 2 | DIVISION OF |
| The name and the FI | D | | 07 AUG 23 | SECKETARY DIVISION OF CO |
| The name and the FI | D ? | rew Paras | 23 | SECRETARY OF DIVISION OF CORFC |
| The name and the FI | D ? 2151 Con | rew Paras Name | 23 PH | SECRETARY OF STA DIVISION OF CORFORA |
| The name and the FI | D ? 2151 Con | rew Paras Name Isulate Dr. Suite 6 | 23 PH 3: | SECHETARY OF STATE DIVISION OF CORFORATION |
| | D 2151 Con Florida stre Orlando | rew Paras Name sulate Dr. Suite 6 ret address (P.O. Box NOT acceptable) | 23 PH | SECRETARY OF STATE DIVISION OF CORPORATIONS |

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F. S..

| | Name and Address: ember |
|--|---|
| MGRM | Drew Paras |
| | 2151 Consulate Dr Suite 6 |
| | Orlando, FL 32837 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary | |
| · | er than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days p |
| FICLE V: Effective date, if oth in effective date is listed, the | er than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days p ng.) |
| FICLE V: Effective date, if other of the control of | er than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days p ng.) EE: |
| FICLE V: Effective date, if other of the control of | er than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days p ng.) |
| FICLE V: Effective date, if other official official official of the date of filing and the date of filing and the date of filing according to this document of this document. | er than the date of filing: |
| FICLE V: Effective date, if other official official official of the date of filing and the date of filing and the date of filing according to this document of this document. | er than the date of filing: |
| FICLE V: Effective date, if other official official official of the date of filing and the date of filing and the date of filing according to this document of this document. | er than the date of filing: |
| FICLE V: Effective date, if other official official official of the date of filing and the date of filing and the date of filing according to this document of this document. | er than the date of filing: |