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G. MCLEOD

FEB 12 2008

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	CT: Joung World LL (Vame of Limited Liability Company)
	Name of Limited Liability Company)
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
_	Miguel Allen
	(Name of Person)
• 1	(Firm/Company)
-	18726 NE 18th Ave # 118
	· (Address)
_	Miami, El 33179 (City/State and Zip Code)
	(City/State and Zip Code)
For furt	her information concerning this matter, please call:
<u></u>	1 iqual Mlen at (786) 210 - 9984 (Area Code & Daytime Telephone Number)
	(Area Code & Daytime Telephone Number)
Enclose	ed is a check for the following amount:
<u>]</u> \$125.0	On Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address:				
The mailing address and street address of the principal office of	the Limited Liability Company	is:		
Principal Office Address: Mailing Addr	ess:			
18726 NE 18AVE 1872 #18 Miami FL #118 33179 33179	ME 18th AVE Miami, FL			
ARTICLE III - Registered Agent, Registered Office, & Regi (The Limited Liability Company cannot serve as its own Registered Agent. You mus business entity with an active Florida registration.)	t designate an individual or another	DIVIS		
The name and the Florida street address of the registered agent a	re:	으로 무유		
Miguel Allen	\(\frac{1}{2}\)	ETAR PP		
Florida street address (P.O. Box NO FL 33) City, State, and Zip	T acceptable)	Y OF STATE		
Having been named as registered agent and to accept service of liability company at the place designated in this certificate. It registered agent and agree to act in this capacity. I further agree statutes relating to the proper and complete performance of my accept the obligations of my position as registered agent as present the control of the proper and control of the control of the proper and control of the control of	nereby accept the appointment as to comply with the provisions of duties, and I am familiar with an	; f al! id		

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
	"VP" when "moon"	8323 NW 1911 LANE			
	Migral Allen "CEO"	18726 NE 18 AUR 18726 Miami, FL 33179			
	· · · · · · · · · · · · · · · · · · ·				
	(Use attachment if necessary)	•			
ARTICLE V: Effective date, if other than the date of filing:					
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.)					
	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)