

LD90000035783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

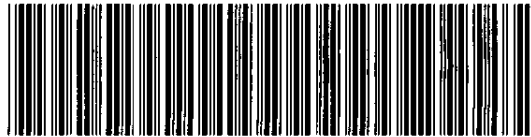
Special Instructions to Filing Officer:

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APR 14 2009

EXAMINER

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TALLAHASSEE FLORIDA



Counsellors at Law

April 8, 2009

Jeffrey M. Schlossberg
George W. Skogstrom, Jr.
Scott I. Wolf*
Michael T. O'Neil**
Brett A. Kaufman
Jenifer M. Pinkham
J. Keith Phifer
Marissa N. Soto-Ortiz

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

RE: *World Mobility Institute, LLC*

OF COUNSEL

Dear Sir/Madam:

David B. Titus
Hon. Lewis L. Whitman (Ret.)

Enclosed please find an original (plus one copy) Certificate of Organization for World Mobility Institute, LLC, a Florida Limited Liability Company. Also enclosed is a check in the amount of One Hundred Fifty-Five (\$155.00) Dollars for the filing and certified copy fee.

*also admitted in Florida
**also admitted in Rhode Island

Kindly file the Certificate in your usual manner and return a certified copy to the undersigned in the self-addressed stamped envelope.

Please contact me if you have any questions.

Very truly yours,

A handwritten signature in cursive script, appearing to read 'Scott I. Wolf', is written over a horizontal line.

Scott I. Wolf

SIW/jmy

Enclosure

cc: Richard P. Chartrand, Manager

35 Braintree Hill Office Park
Suite 204
Braintree, MA 02184
Tel: 781 848 5028
Fax: 781 848 5096

email@sabusinesslaw.com

G:\Chartrand, Richard & Pat Griffin-CJ184\WorldMobilityInstitute, LLC-003\Letters\CertOrgFilingLtr040809.doc

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: World Mobility Institute, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott I. Wolf, Esq.

(Name of Person)

Schlossberg & Associates, LLC

(Firm/Company)

35 Braintree Hill Office Park, Suite 204

(Address)

Braintree, MA 02184

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott I. Wolf

(Name of Person)

at (**781**)

848-5028

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$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 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:

World Mobility Institute, LLC

(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:

9000 Englewood Court
Vero Beach, FL 32963

Mailing Address:

9000 Englewood Court
Vero Beach, FL 32963

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:

Richard P. Chartrand

Name

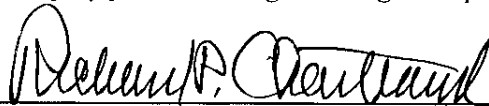
9000 Englewood Court

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

Vero Beach, FL 32963

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)

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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:

MGR

Richard P. Chartrand

9000 Englewood Court

Vero Beach, FL 32963

MGR

Patricia A. Griffin

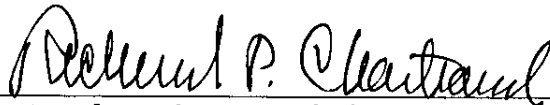
9000 Englewood Court

Vero Beach, FL 32963

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Richard P. Chartrand

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)

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