L09000035783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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APR 14 2009

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SCHLOSSBERG & ASSOCIATES LLC
Counsellors at Law

Jeffrey M. Schlossberg
George W. Skogstrom, Jr.
Scott I. Wolf*
Michael T. O'Neil**
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OF COUNSEL

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

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

April 8, 2009

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

RE: World Mobility Institute, LLC

Dear Sir/Madam:

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.

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,

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&PatGriffin-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)

Braitree, MA 02184
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott I. Wolf at (781) 848-5028
(Name of Person) (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:	**Mailing Address:**
9000 Englewood Court	9000 Englewood Court
Vero Beach, FL 32963	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)

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TALLAHASSEE FLORIDA

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
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:

Richard P. Chartrand

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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SECRETARY OF STATE
TALLAHASSEE FLORIDA