# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Tax Number

: (850)617-6383

From:

: LEGALZOOM.COM INC. Account Name

Account Number : I20010000062

: (323)962~8600

Phone

Fax Number

: (323)962-3889

ORIDA/FOREIGN LIMITED LIABILITY CO.

Worldwide Tourist Services, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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## **COVER LETTER**

TO:	_					
SUBJE	CT: Worldw	/ide Tourist Services, L	-rc			
		(Name of Limi	ted Liability Comp	eny)		
The en	closed Articles	of Organization and fee(s) are	submitted for filin	g.		
Please	return all corres	pondence concerning this med	ter to the following	g:		
	Kannella Fred	rick				
		,	(Name of Person)			
	Legalzoom.co	m, Inc.				
,		(Name of Limited Liability Company)  ed Articles of Organization and fee(s) are submitted for filing.  m all correspondence concerning this matter to the following:  melia Fredrick  (Name of Person)  galzoom, com, Inc.  (Fina/Company)  3 Hollywood Bivd., Ste. 180  (Address)  (Address)  (Address)  (City/State and Zip Code)  Information concerning this matter, please call:				
	7083 Hollywoo	od Blvd., Ste. 180			PEEC	4 600Z
			(Address)		1	3
	Los Angeles, I	CA 90028			ASSE AND	20
'		(Ci	ty/State and Zip Cod	e)	TO.	1
For fur	ther information	concerning this matter, pleas	e call:			τ̈́
Ryen I	Moran	·	at(	<b>.</b>		W
	(Nam	e of Person)	(Area Cod	ie & Daytime Telephone	: Number)	
Enclos	ed is a check f	for the following amount:				,
<b>⊒\$</b> 125.	00 Filing Fee		Certified Co	opy Cor by is enclosed) Cer	tificate of Status tified Copy	
		Registration Section Division of Corporations P.O. Box 6327	Registral Division Clifton I 2661 Ex	tion Section t of Corporations Building teputive Center Circle		

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ARTICLE I - N	lame:	FOR FLORIDA LAWRIED	LIAMOITI COMTA	14 X
The name of the	Limited Liability Con	npany is:		
Worldwide Tou	urist Services, LLC			
•	(Must end with the words "Lis	mited Liability Company, "L.L.C.," or "L	LC.")	
ARTICLE II - A		of the principal office of the Li	imited Liability Compan	y is:
Principal Office	Address:	Mailing Address:	CAN	***
1236 Seagull Terr		·	TAS 1	
Hollywood, FL 330	219			F-G
			AH.	्रह्मा ए र
(The Limited Liability	Registered Agent, Re Company cannot serve as its an active Florida registration.)	egistered Office, & Registered own Registered Agent. You must design:	Agent's Signature:	
The name and th	e Florida street addres	s of the registered agent are:		
	BFI Products, Inc			
	<del></del>	Name	<b></b>	
•	1235 Seaguil Terrec	8		
	Florid	a street address (P.O. Box <u>NOT</u> accep	 exable)	
	Hollywood	FL 33019		
	Č	ity, State, and Zio	<del></del>	

Having been named as registered agent and to accept service of process for the above stated itmited 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..

Rogistared Agents's Signature Michael Sheklel, BFI Products, the

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

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MGRM	Vivian Ezekiei	
44 4977 14 44	1235 Seaguil Terrace	
	Hollywood, FL 33019	
MGRM	Orly Roif	
	1235 Seaguil Terrace	
	Hollywood, FL 33019	
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(Use attachment if necessary)		=

### **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.)

Kermeila Fredrick, Legalzoom.com, Inc.

Typed or printed name of signes

#### Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)

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