

Florida Department of State
Division of Corporations
Public Access System
Electronic Filing Cover Sheet

109000008/252

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000187610 3)))



H090001876103ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : 12C070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

FILED
09 AUG 24 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

World Of Commerce Wholesale Center, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

09 AUG 24 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN

AUG 25 2009

EXAMINER

09000187610-3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

09 AUG 24 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE I NAME

The name of the Limited Liability Company is:

WORLD OF COMMERCE WHOLESALE CENTER, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

514 ARBOR LAKES CIRCLE

SANFORD, FLORIDA 32771

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

WALLY CABANI

514 ARBOR LAKES CIRCLE

SANFORD, FLORIDA 32771

Having been named as registered agent 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.

X



WALLY CABANI / Registered Agent's signature

09000187610-3

09000187610.3

PAGE 2 WORLD OF COMMERCE WHOLESALE CENTER, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
WALLY DEAN CABANI
514 ARBOR LAKES CIRCLE
SANFORD, FLORIDA 32771

FILED
09 AUG 24 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X

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.

WALLY CABANI

09000187610.3