

L10000002231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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A. LUNT

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EXAMINER

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2010 JAN -6 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: WENDRELL L LAWRENCE
7531 LILLIE LANE
PENSACOLA FL 32526-8831

PHONE #: 850-516-5429

2010 JAN -6 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WLL Global Enterprises, 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:

7531 Lille Ln.

7531 Lille Ln.

Pensacola FL 32526

Pensacola FL 32526

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:

Wendrell L. Lawrence

Name

7531 Lille Ln.

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

Pensacola FL 32526

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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TALLAHASSEE, FLORIDA

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:

MGRM

Wendrell L. Lawrence

7531 Lille Ln.

Pensacola, FL 32526

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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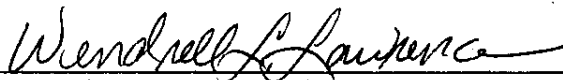
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(Use attachment if necessary)

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.)

Wendrell L. Lawrence

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)

Limited Power of Attorney

(I/We) (Insert Authorized Corporate Officers Name Here.) Appoint Business Funding Division, as my/our attorney-in-fact, to represent (me/us) for credit building purposes with respect to the following Corporation:

WLL Global Enterprises, LLC

Said attorney-in-fact is authorized to apply for corporate credit, contact creditors on (my/our) behalf, and engage in any act or thing whatsoever concerning any aspect of the corporate credit building process.

This power-of-attorney revokes all earlier powers-of-attorney and shall be in full force and effect until written revocation is received by Business Credit Division. In no event shall this power-of-attorney be valid beyond six (6) months from the date of its execution.

The undersigned owner(s) further certifies that this power-of-attorney was completely filled in at the time of its execution.

Signed this _30th_day of _December_2009.

30 Dec 2009

(Day) (Month) (Year)

WENDRELL L. LAWRENCE, Organizer of LLC
Authorized Officer Name and title ~ Printed or Typed



Authorized Officer Signature(s)

WLL Global Enterprises, LLC
Corporation's Name

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TALLAHASSEE, FLORIDA

Waiving of Rights for a Notary Public Seal

Due to time constraints I am waiving my right to have this contract signed by a Notary public. With my signature I deem this power of attorney in full force and executed on the above date. I understand this power of attorney will hold the same laws and governed no differently then if signed by a Notary Public.

*It is a felony for any person to willfully enter false information on a power-of-attorney form. Business Funding Division, reserves the right to verify all information contained on this document before it is accepted.