## L1UUUU095457

| (Requ                                   | uestor's Name) |             |
|---|----------------|-------------|
| (Addı                                   | ess)           |             |
| (Addr                                   | ess)           |             |
| (City/                                  | State/Zip/Phon | e #)        |
| PICK-UP                                 | ☐ WAIT         | MAIL        |
| (Busi                                   | ness Entity Na | me)         |
| (Document Number)                       |                |             |
| Certified Copies                        | Certificate    | s of Status |
| Special Instructions to Filing Officer: |                |             |
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B. KOHR SEP 1 4 2010

**EXAMINER** 

## **COVER LETTER**

| TO: Registration<br>Division of C |   |  | <b>6</b>  |
|-----------------------------------|---|--|---|
| SUBJECT: Wor                      |   | ted Liability Company  | 10 SEP 14   |
| The enclosed Articles             | of Organization and fee(s) are  | submitted for filing.  | 7   |
| Please return all corres          | pondence concerning this mat  | ter to the following:  |   |
| Da                                | vid Fermin  |  |   |
|                                   |   | Name of Person   | <del></del>   |
|                                   |   |  |   |
|                                   |   | Firm/Company   |   |
| 1514                              | Myrtle drive  |  |   |
| <del> </del>                      |   | Address  |   |
| Tallaho                           | ussee, Fl 32  | 2301   |   |
| domferm                           | in @ gmail.co   | y/State and Zip Code  for future annual report notification)   |   |
| For further information           | concerning this matter, pleas   | e call:  |   |
| David F                           | emila   | at (850) 459 Z6  | 16  |
| Name                              | of Person   | Area Code & Daytime Telephone  | e Number  |
| Enclosed is a check f             | or the following amount:  |  |   |
| S125.00 Filing Fee .              | □\$130.00 Filing Fee & Certificate of Status  | Certified Copy Ce (additional copy is enclosed) Ce   | 50.00 Filing Fee, ertificate of Status & ertified Copy ditional 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

| The name of the Limited Liability Company is:                           |  |
|---|--|
| World Vibe LLC  |  |
| (Must and with the words "Limited Lightlity Company "1.1.0" or "1.1.0") |  |

## ARTICLE II - Address:

**ARTICLE I - Name:** 

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

| Mailing Address:    |
|---------------------|
| 1514 Hyrtle dr.     |
| T-16halsee, FL32301 |
|                     |

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:

| David Fe       | in                                      |
|----------------|---|
|                | Name                                    |
| 151 Riversink  | 49.                                     |
| Florida s      | treet address (P.O. Box NOT acceptable) |
| Crawford ville | FL 32327                                |
|                | 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..

David Fermin
Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

MGRM

**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.)

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)