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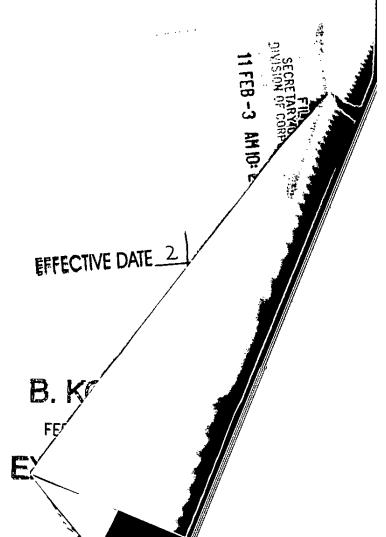
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
. PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

Registration Section
Division of Corporations

EFFECTIVE DATE 2 14 2011

SUBJECT: V	Vorldwide Security a	and Training Services, LLC.
SUBJECT.		ed Liability Company
The enclosed Artic	cles of Organization and fee(s) are	submitted for filing.
Please return all co	orrespondence concerning this mat	ter to the following:
	M	arc Sultan
		Name of Person
	Worldwide Security	and Training Services, LLC.
		Firm/Company
	16701 W	est Yorkshire Drive
·		Address
	Loxaha	tchee, FL 33470
		y/State and Zip Code
		_pi@bellsouth.net
		for future annual report notification)
For further informa	ation concerning this matter, pleas	e call:
Marc Sultan		at (561) 312-4386
Name of Person		Area Code & Daytime Telephone Number
Enclosed is a che	ck for the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

EFFECTIVE DATE 2/14/2011

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	LE I	- Na	me:

The name of the Limited Liability Company is:

Worldwide Security and Training Services, 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:	
16701 West Yorkshire Drive	P.O. Box 144	
oxahatchee, LF 33470	Loxahatchee, FL 33470	

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:

Marc S	iultan
Nam	ie
16701 West Yor	kshire Drive
Florida street a	ddress (P.O. Box NOT acceptable)
Loxahatchee,	_{FL} 33470
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)

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:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mem	nber
MGR	Robert F. O'Neil
	445 East 14th Street #11E
	New York, New York 10009
MGRM	Marc Sultan
	16701 West Yorkshire Drive
	Loxahatchee, LF 33470
MGRM	John Gereaue
	1850 NE 169th Street #202
	North Miami Beach, FL 33162
	er than the date of filing: February 14, 2011 . (OPTIONAL) te must be specific and cannot be more than five business days priors.)
REQUIRED SIGNATURE	E:
<u> </u>	Obert F. O'xceil
_	obert J. O'Veil of a member or an authorized representative of a member.
(In accordance with constitutes an affirm I am aware that any	Sobert F. O'xceil
(In accordance with constitutes an affirm I am aware that any	section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State

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)