

L11000021132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

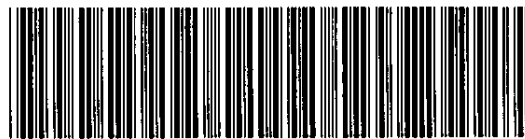
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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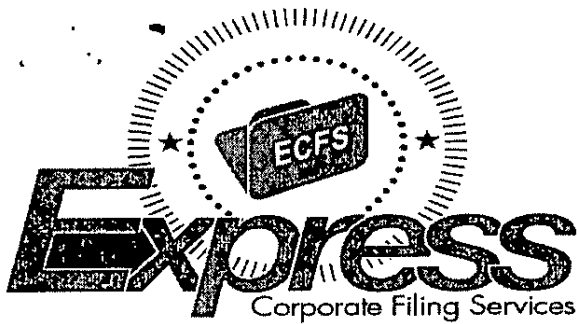
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B. KOHR

FEB 18 2011

EXAMINER



1000 Ponce De Leon Blvd - Suite 101  
Coral Gables, FL 33134  
Tel: 305-444-4994 - Fax: 305-444-4977  
Email: [filing@ecfsfiling.com](mailto:filing@ecfsfiling.com)

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. WorldWede Risk Services LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in   
 ☒ Pick up time \_\_\_\_\_   
 ☒ Certified Copy  
☐ Mail out   
☐ Will wait   
☐ Photocopy   
☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**WORLDWIDE RISK 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:**

301 ALMERIA AVE STE: 230  
CORAL GABLES, FL 33134

**Mailing Address:**

301 ALMERIA AVE STE: 230  
CORAL GABLES, FL 33134

**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:

**JOSEPH A. RODRIGUEZ**

Name

**301 ALMERIA AVE STE: 230**

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

**CORAL GABLES FL 33134**

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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**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

JOSEPH A. RODRIGUEZ  
301 ALMERIA AVE STE: 230  
CORAL GABLES, FL 33134

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JOSEPH A. RODRIGUEZ

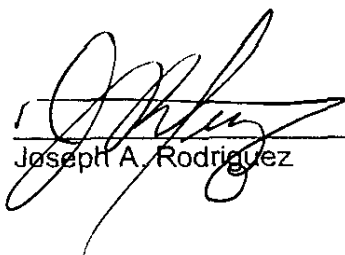
Typed or printed name of signee

**AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally appeared JOSEPH A RODRIGUEZ who after being first duly sworn, under oath, deposes and says:

1. The undersigned is the sole Managing Member and Registered Agent of WORLDWIDE RISK SERVICES, LLC, a limited liability company organized and existing under the laws of the State of Florida
2. The undersigned hereby consents to and authorizes the use by WORLDWIDE RISK SERVICES, LLC of the name WORLDWIDE RISK SERVICES, LLC and *therefore have no intensions or Reinstating the dissolved entity.*
3. The undersigned has personal knowledge of the facts and matters set forth herein.

FURTHER AFFIANT SAYETH NAUGHT.

  
\_\_\_\_\_  
Joseph A. Rodriguez

STATE OF FLORIDA )  
COUNTY OF Miami-Dade ) SS:

PERSONALLY appeared before me, Joseph A. Rodriguez who produced her \_\_\_\_\_ as identification or is personally known to me, who being by me first duly sworn, acknowledges that she signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal at 17<sup>th</sup> this \_\_\_\_\_ day of February, 2011

  
\_\_\_\_\_  
Notary Public

