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SECRETARY OF STATE
FALL AHASSEE. FLORIDA

J. BRYAN

MAR - 7 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co						
_{subject:} World	wide Media Servi	ces LLC		,		
	Name of Limite	d Liability Compa	any			
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing	3 .			
Please return all corresp	ondence concerning this matte	er to the following	; :			
Catalina (
		Name of Person				
Worldwid	e Media Services	LLc				
		Firm/Company				
11111 Bis	scayne Blvd. #915				,	
		Address			LECK S	π
Miami, FL 3	33181				翌年	=
	•	/State and Zip Code	:		SSE PA	LED
wwmediase	rvices@gmail.com E-mail address: (to be used for	T. 6	and madifications			
For further information of	concerning this matter, please	·	ort nouncation)		STATE	n ,o
Johanna Peraza	,	at (954	918-0318		1000 1000	
Name o	of Person	at \	& Daytime Tele	ephone Number		
Enclosed is a check fo	r the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional cop	py	\$160.00 Filir Certificate of Certified Cop (additional copy	Status &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporation uilding cutive Center Cee, FL 32301	s		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Worldwide Media 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:

11111 Biscayne Blvd. #915

Miami, FL 33181

11111 Biscayne Blvd. #915

Miami, FL 33181

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:

Catalina Gras

Name

11111 Biscayne Blvd. #915

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

Miami, FL

.. 33181

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: Ti<u>tle:</u> Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Johanna Peraza 15050 Durham Lane Davie, FL 33331 **MGRM** Catalina Gras 11111 Biscayne Blvd. #915 Miami, FL 33181 (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.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Johanna Peraza

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee