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SECRETARY OF STATE
FALLAHASSEE, FLORID

J. BRYAN

APR 19 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: World	's Worst Deli, LL0			
		ed Liability Compa	ıy	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.		
Please return all corresp	ondence concerning this matt	er to the following:		
Richard F	F. Joyce, Esq.			
		Name of Person		SECRETARY TO
		Firm/Company		PS S
26336 St	ate Road 19, Suite	e 2		E. P.
		Address		92 5
Howey in t	ne Hills, Fl. 34737			De la
	·	y/State and Zip Code		
rick.f.joyce(gmail.com E-mail address: (to be used f	or future annual range	notification)	
For further information	concerning this matter, please	•	t notification,	
Rick Joyce		at (407	697 6156	
	of Person	Area Code	& Daytime Telep	hone Number
	state following amount: \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	у]\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporations	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AF	₹TI	CL	Æ	I	- N	Van	ie:

The name of the Limited Liability Company is:

World's Worst Deli, 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:
26336 State road 19, Suite 2	same as Principal office
Howey in the Hills, Fl. 34737	

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:

Richard F. Joyce, Esq.

26336 State Road 19, Suite 2

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

Howey in the Hills, FL 34737

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 gnature (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 Member	
WORW - Wanaging Weinder	FACE TO THE PARTY OF THE PARTY
MGRM	Deborah P. Joyce
	26336 State Road 19
	Howey in the Hills, Fl. 34737
MCDM	in a
MGRM	Richard F. Joyce
	26336 State Road 19
	Howey in the Hills, Fl. 34737
	44444
(I	
(Use attachment if necessary)	
•	e date of filing: (OPTIONA
CLE V: Effective date, if other than the	e date of fifing: (OPTIONA
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CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section 60)	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under the constitutes an affirmation under the constitutes are section for the constitutes are affirmation under the constitutes are section for the constitutes are affirmation under the constitutes are affired the constitutes are affirmation under the constitutes are affi	pe specific and cannot be more than five business day the or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under I am aware that any false information.)	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document

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)