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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATE
SECRETARY OF STATE

B. BOSTICK
AUG 3 1 2011
EXAMINER

*COVER LETTER

| TO: | Registration: Section Division of Corporations | | |
|----------|---|---------------|------------|
| * SUBJE | Name of Limited Liability Company | | |
| The end | osed Articles of Organization and fee(s) are submitted for filing. | | |
| Please 1 | eturn all correspondence concerning this matter to the following: | | |
| - | VERA BARABANOVA Name of Person | | - |
| <u>-</u> | USA WORLLSDURCELLC. | | - |
| | Firm/Company | | |
| _ | P.O. Dox 440396 Address | 15E 1 | una girig |
| | Address | 至 5 | **CATABORN |
| - | JACKSONVIlle, FL 32222 City/State and Zip Code | AUG 30 PA | 1 |
| | City/State and Zip Code | FE S | هسدا |
| _ | USAWORLSOURCE Of GMAIL. COM E-mail address: (to be used for duture annual report notification) | PAR : | |
| For furt | er information concerning this matter, please call: | 12 | |
| VERA | Name of Person at (904) 238-4976 Area Code & Daytime Telephone Number | 2 | |
| Enclose | d is a check for the following amount: | | |
| \$125.00 | (additional copy is enclosed) Certified (| e of Status & |)) |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations | | |

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| e | : |
|---|---|
| | e |

The name of the Limited Liability Company is:

USA WORLD Source, 12C.

(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: |
|---|--|
| 7730 Plantation BAY DR. #605 TACKSONVILLED FL 32244 | P.O.BOX 440396 JACKSONVILIR, FL 32222 |

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: VERA BARABANOVA

Name

7730 Plantation BAY DR. #605EFF

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

TACKSONVILLE, FL 32244

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..

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|--|---|
| "MGRM" = Managing Member | |
| "MGRM" | VERA BARABANOVA 7730 Plantation BAY DR. |
| | JACKSONVIlle, FL 32249 |
| | TACK TA |
| | |
| | For P |
| | AITE 9 |
| (Use attachment if necessary) | |
| ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s to or 90 days after the date of filing.) | nte of filing: (OPTIONAL) specific and cannot be more than five business days prior |
| 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.)

VERA BARABANOVA
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)