

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

369636

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT 27 AM 8:49

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

world trusting, llc

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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October 27, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: WORLD TRUSTING, LLC
REF: W11000054979

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Page (2) of the Articles is not legible. Also cannot list the title of "director" on an LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H11000256890
Letter Number: 111A00024526

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11 OCT 27 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WORLD TRUSTING, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Reinaldo J. Piermattei

Name of Person

Firm/Company

5820 Blue Lagoon Drive #125

Address

Miami, FL 33126

City/State and Zip Code

wtrusting@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reinaldo Piermattei

Name of Person

at 305 244-0068

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WORLD TRUSTING, 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:

5820 Blue Lagoon Drive #125
Miami, FL 33128

5820 Blue Lagoon Drive #125
Miami, FL 33128

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:

Reinaldo Piermattel

Name

5820 Blue Lagoon Drive # 125

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

Miami FL 33126

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 100% OWNER

Bourne Enterprises, Inc. Registro Publico de Panama
03/16/1987 Tomo: 184 Asiento: 8340.
5820 Blue Lagoon Drive 125 Miami, FL 33126

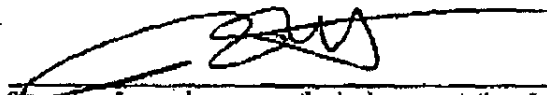
MGR

Reinaldo Jose Pierratel Rios
5820 Blue Lagoon Drive 125 Miami, FL 33126

(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.)

REINALDO PIERRATEL
Typed or printed name of signer

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)

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