

L12000028945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

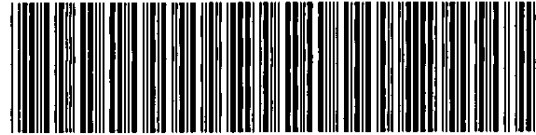
(Business Entity Name)

(Document Number)

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

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12 FEB 28 PM 3:51  
DEPARTMENT OF STATE  
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12 FEB 28 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 29 2012

EXAMINER

EFFECTIVE DATE 02/28/12

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Nyouworld US, LLC

Signature \_\_\_\_\_

Requested by: Seth

02/28/12

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I**

The name of the Limited Liability Company is: Nyoworld US, LLC

**ARTICLE II**

The street address of the principal office of the Limited Liability Company is:

4350 West Cypress Street Suite 820  
Tampa, FL 33607

The mailing address of the Limited Liability Company is:

4350 West Cypress Street Suite 820  
Tampa, FL 33607

**ARTICLE III**

The purpose for which this Limited Liability Company is organized is:

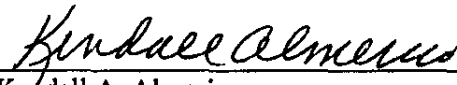
ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV**

The name and Florida street address of the registered agent is:

Kendall A. Almerico  
4350 West Cypress Street Suite 820  
Tampa, FL 33607

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.

  
Kendall A. Almerico  
Registered Agent

EFFECTIVE DATE 02/28/12

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TALLAHASSEE, FLORIDA

**ARTICLE V**

The name and address of managing members/managers are:

Title: Manager

Kendall Almerico  
4350 West Cypress Street Suite 820  
Tampa, FL 33607

Title: Manager

Fabrice Kerherve  
72 New Bond Street  
Mayfair, London W1S 1RR  
United Kingdom

**ARTICLE VI**

The effective date for this Limited Liability Company shall be:

February 28, 2012

Signature of member or an authorized representative of a member:



Kendall A. Almerico  
Registered Agent

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