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COVER LETTER*

TO: Registration Sec Division of Corp			
SUBJECT: Internation	onal Business De	velopment Network, LL	.c
	Name of Limit	ed Liability Company	
The enclosed Articles of C	organization and fee(s) are	submitted for filing.	
Please return all correspon	dence concerning this mat	ter to the following:	
Edward C	Conrad		
<u>Lawara c</u>	. Comaa	Name of Person	
Conrad H	oldings, LLC		
Oomaan	Oldings, LLO	Firm/Company	
2001 814	2rd Ava	ita 1 A	
7901300	3rd Ave su	Address	
Fort Lauderd	ale, FL 33315	12' 0 1	
toonrod@no		y/State and Zip Code	
Conjau@ne	E-mail address: (to be used i	for future annual report notification)	
For further information co			
	-		
	Edward C. Conrad at (954) 288 1027 Name of Person Area Code & Daytime Telephone Number		
Name of	Person	Area Code & Daytime Telep	none Number
Enclosed is a check for t	he 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 Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

International Business Development Network, 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:			
2901 SW 3rd Ave.	2901 SW 3rd Ave.			
Suite 1A	Suite 1A			
Fort Lauderdale, FL 33315	Fort Lauderdale, FL 33315			
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Edward C. Conrad	egistered Agent. You must designate an individu	Signature another ALLAHASSE	12 SEP -4	FILE
Name		m _S	*	ED
2901 SW 3rd Ave., suite 1A		10: 48		
Florida street address (P.O. Box NOT acceptable)		CD		
Fort Lauderdale,	FL			
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)

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 "MGRM" = Managing Member	Name and Address:
MGRM	Edward C. Conrad 2901 SW 3rd Ave., suite 1A Fort Lauderdale, FL 33315
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: September 1, 2012 (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.)

Edward C. Conrad

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)