# 1/2000/62205

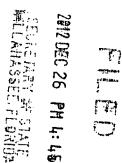
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	—
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



300242936953

12/27/12--01005--019 \*\*155.00



A. LUNT

DEC 31 2012

**EXAMINER** 

(850) 245-6051.

### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Worlds Away Marine 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:

# Stephen W. Allen Name of Person Worlds Away Marine LLC Firm/Company 2059 Southpointe Dr Address Dunedin, Fl 34698 City/State and Zip Code

sallen867@yahoo.com

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

For further information concerning this matter, please call:

\_727 \_ 73

Name of Person

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Worlds Away Marine LLC	the words "Limited L	iability Company, "L.L.C.," or "LLC.")	<del></del>	
(iviusi cha wia	, die words Eminted E	Jabinty Company, L.L.C., or ELC. )		
ARTICLE II - Address:		•		
The mailing address and str	eet address of the	e principal office of the Limited	Liability Company is:	
D.::		B.E. 191 A. 3.1 .		rT
Principal Office Address:		Mailing Address:		Ţ
2059 Southpointe Dr		2059 Southpointe Dr	第 8 下	
Dunedin, Fl 34698		Dunedin, FI 34698	(m)	-
			7	-
<b>(</b> )			<u> </u>	
The name and the Florida single Stephen	W. Allen	ame		
2059 Sou	thpointe Dr			
	Florida street	t address (P.O. Box NOT acceptable)		
	Duned	lin <sub>FL</sub> 34698		
	City	, State, and Zip		
liability company at the registered agent and agree all statutes relating to the	place designated e to act in this cap proper and comp	to accept service of process for a in this certificate, I hereby accept pacity. I further agree to comply plete performance of my duties, as registered agent as provided for	ot the appointment as with the provisions of and I am familiar with	
	SHU	· all		
n.	naistanad Anamtha Cl.	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:

MGRM	Stephen W. Allen	
	2059 Southpointe Dr.	<del></del>
	Dunedin, FI 34698	<u> </u>
		5 53
· · · · · · · · · · · · · · · · · · ·		<b>元</b> 26
•		
		THE P
		7 T C
		<del></del>
		<del></del>
(Use attachment if necessar	1	
(Ose acatemient if necessar	,	
LE V: Effective date, if oth	r than the date of filing: January 1, 2013 . (OF	TIONAL
	ate must be specific and cannot be more than five	
or 90 days after the date o		

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.)

Stephen W. Allen

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)