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Division of Corporations

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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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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JAN 28 2013
L. SELLERS

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

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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.
SV WORLDWIDE VENTURES, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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13 JAN 25 PM 3:08

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TALLAHASSEE, FLORIDA

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13 JAN 25 AM 9:31
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To: 18506176381

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H13000019693

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SV WORLDWIDE VENTURES, 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:**1375 NW 97TH AVE SUITE #2DORAL, FL 33172**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:

MARLENE FERNANDEZ

Name

1375 NW 97TH AVE #2Florida street address (P.O. Box **NOT** acceptable)MIAMI, FL 33172 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)

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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:

MGR

VICTOR HERRERA ZENIL (80%)

1375 NW 97TH AVE #2

DORAL, FL 33172

MGRM

STEPHANO HERRERA DA SILVA (20 %)

1375 NW 97TH AVE #2

DORAL, FL 33172

MGRM

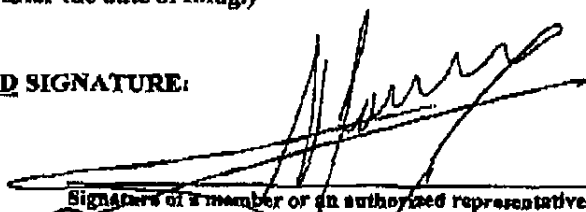
VICTOR HERRERA DA SILVA (20 %)

1375 NW 97TH AVE #2

DORAL, FL 33172

(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 608.405(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.)

VICTOR HERRERA ZENIL

Typed or printed name of signer

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