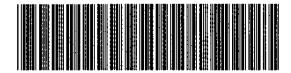
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Effective Date 1114

SECRETARY OF STATE DIVISION OF CORPORATION

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COVER LETTER .

TO: 1

Registration Section
Division of Corporations

SUBJECT:

Worlds Greatest Essay Challenge, 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:

D	avid P Bianchi			
		Name of F	Person	
		Firm/Con	pany	
44	142 Golden Lak	e Dr		
		Addre	SS	
S	arasota, Fl 342	33		
		City/State and	Zip Code	
dp	bianchi55@gmail.con			
	E-mail address:	(to be used for	future annual report	notification)
For further infor	mation concerning this matter, pl	ease call:		
David F	P Bianchi	941	704-3131	
1	Name of Person	Area Code	Daytime Telepho	
Enclosed is a ch	eck for the following amount:			
\$125.00 Filing 1	Fee \$130.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & d Copy 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

1/ IAN -2 AM 8: 15

SECRETARY OF STATE DIVISION OF CORPORATIONS

Effective Date \\\

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limi	: ited Liability Company is:	
Worlds Greatest Essay Cha		
	(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addı	ress:	
The mailing address a	and street address of the princi	ipal office of the Limited Liability Company is:
Principal Office Add	dress:	Mailing Address:
4442 Golden Lake Dr		
		4442 Golden Lake Dr
Sarasota, Fi 34233 ARTICLE III - Reg		4442 Golden Lake Dr Sarasota, Fl 34233 Ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an indiv
ARTICLE III - Reg (The Limited Liability another business entited)		Sarasota, Fl 34233 Ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an indivitration.)
ARTICLE III - Reg (The Limited Liability another business entited)	y Company cannot serve as its ity with an active Florida regis orida street address of the regis	Sarasota, Fl 34233 Ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an indivitration.)
ARTICLE III - Reg (The Limited Liability another business entited)	y Company cannot serve as its ity with an active Florida regis orida street address of the regis	Sarasota, Fl 34233 Ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an indivitration.) Stered agent are:
ARTICLE III - Reg (The Limited Liability another business entited)	y Company cannot serve as its ity with an active Florida regis orida street address of the regis	Sarasota, Fl 34233 Ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an indivitration.) stered agent are:
ARTICLE III - Reg (The Limited Liability another business entited)	y Company cannot serve as its ity with an active Florida regis orida street address of the regis David P Bianchi 3 4442 Golden Lake Dr	Sarasota, Fl 34233 Ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an indivitration.) stered agent are:

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 605, F.S..

Register

Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

	<u>Fitle:</u> 'AMBR" = Authorized	Member	Name and Address:
	'MGR" = Manager		
	AMBR	_	David P Bianchi
_			4442 Golden Lake Dr
			Sarasota, FI 34233
-		-	
-		•	
-		•	
,	T I		
(Use attachment if nece	ssary)	
			GU:: 01/01/2014 (OPTIONAL)
RTICLE	E V: Effective date, if o	other than the date of	filing: 01/01/2014 (OPTIONAL)
RTICLI an effe	EV: Effective date, if on the court of the c	other than the date of	filing: 01/01/2014 (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after
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RTICLI an effe e date o	E V: Effective date, if of ctive date is listed, the filing.) E VI: Other provisions, REQUIRED SIGNAT S (In accordations constitutes	if any. URE: ignature of a membrance with section 60% an affirmation under the section of the	per or authorized representative of a member. 5.0203(1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.
RTICLI an effe date o	E V: Effective date, if of ctive date is listed, the filing.) E VI: Other provisions, REQUIRED SIGNAT S (In accordation constitutes I am award	if any. URE: ignature of a membrance with section 60% an affirmation under that any false information.	per or in authorized representative of a member. 5.0203(1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.
RTICLI f an effe e date o	E V: Effective date, if of ctive date is listed, the filing.) E VI: Other provisions, REQUIRED SIGNAT S (In accordation constitutes I am award	if any. URE: ignature of a membrance with section 60% an affirmation under that any false information.	per or authorized representative of a member. 5.0203(1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.

The name and address of each person authorized to manage and control the Limited Liability Company:

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

Page 2 of 2