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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Empire City World Wide 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:  |
| Debra Alexander & Richard Falzone  |
| Name of Person   |
|  |
| Firm/Company   |
| 13000 Lake Live Oak Dr.  |
| Address  |
| Orlando, FL 32828  |
| City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  Q   Q x   |
| For further information concerning this matter, please call:   |
| Debra Alexander 609 468-8994   |
| Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\times 130.00 Filing Fee \times Certificate of Status \$\times Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status \times 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 L'ABILITY COMPANY

| m . m                                 |                                  |  |          |  |
|---------------------------------------|----------------------------------|--|----------|--|
| Empire City World Wide                |                                  | "Limited Liability Company, "L.L.C.," or "LLC.")   | -        |  |
|                                       | (wast end with the words         | Elimited Elability Company, E.E.C., or EEC.  |          |  |
| ARTICLE II - Ad<br>The mailing addres |                                  | principal office of the Limited Liability Company is:  |          |  |
| Principal Office A                    | address:                         | Mailing Address:   |          |  |
| 13000 Lake Live Oak Dr                |                                  | 13000 Lake Live Oak Dr.  |          |  |
| Orlando , FL 32828                    |                                  | Orlando , FL 32828   | _        |  |
|                                       |                                  | <u> </u>   | _        |  |
| ARTICLE III - R                       | egistered Agent. Registere       | d Office, & Registered Agent's Signature:  |          |  |
| (The Limited Liabi                    | lity Company cannot serve a      | as its own Registered Agent. You must designate an indiv   | zidual o | or   |
| another business e                    | ntity with an active Florida r   | registration.)   | 7        |  |
| The name and the I                    | Florida street address of the    | registered agent are:  | <u>+</u> | 1  |
| The hame and my                       | torial super address or mo       | TO THE STATE OF TH | 22       | STREET, STREET |
|                                       | Debra Alexander                  | S  | 27       | , opene t <u>erst</u> ers<br>( <u>†</u><br>(H  |
|                                       |                                  | Name   | 75       |  |
|                                       | 13000 Lake Live Oak Dr.          | - C  |          | Consensor<br>The B   |
|                                       | Florida street address           | (P.O. Box NOT acceptable)  |          |  |
|                                       | 0                                | 20020<br>20020   | co       |  |
|                                       | Orlando                          | FL 32828   |          |  |
|                                       | City                             | Zip  |          |  |
| Having been name                      | nated in this certificate, I her | accept service of process for the above stated limited liabi<br>reby accept the appointment as registered agent and agree<br>provisions of all statutes relating to the proper and complet   | to act i | in this<br>rmance  |

Page 1 of 2

(CONTINUED)

| <u>Title:</u> "AMBR" = Authorized Membe   | Name and Address:   |   |
|---|---|---|
| "MGR" = Manager   | er e e e e e e e e e e e e e e e e e e  |   |
| AMBR  | Debra Alexander   |   |
|   | 13000 Lake Live Oak Dr.   |   |
|   | Orlando , FL 32828  |   |
| AMBR  | Richard Falzone   | ₩ ₩ ₩ ₩   |
|   | 13000 Lake Live Oak Dr  |   |
|   | Orlando , FL 32828  | 2点 点  |
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