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SECRETARY OF STATE
TALLAHASSEE.FLORIO.

J. Shivers | DEC 1 8 2914

COVER LETTER

TO: **Registration Section Division of Corporations** AP Worldwide Enterprises, 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: **Adana Powers** Name of Person Firm/Company 5760 Princeton Drive Address Pensacola, FL 32526 City/State and Zip Code ajpowers164@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Adana Powers Name of Person Enclosed is a check for the following amount: \$125.00 Filing Fee \$155.00 Filing Fee & \$130.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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

			•
ARTICLE I - Name:			,
The name of the Limited Liability Company	y 15,	÷ ,	
	•	•	
AP Worldwide Enterprises, LLC			·
(Must end with the wo	ords "Limited Liabili	ty Company, "L.L.C.,"	or "LLC.")
ADDICI E II Address			
ARTICLE II - Address: The mailing address and street address of the	ne principal office of	the Limited Liability C	omnany is:
the manning manifest and street accurate of the	principal office of	and Different Country C	Vinjani, 10.
Principal Office Address:	Mailing Add	ress:	
5700 Piles - Ave Prive	F700	Diameter Date:	•
5760 Princeton Drive Pensacola, FL 32526		Princeton Drive 3 acola, FL 32526	
1 61 Date Hot, 1 L. DEDEC	. 100	40014, 1 1 32323	
			
another business entity with an active Flori The name and the Florida street address of		are;	
Adana Powers			
	Name		
5760 Princeton Drive	and (D.O. Davi NOT)		
Fionda sireet addr	ess (P.O. Box <u>NOT</u> a	acceptable)	•
Pensacola	F)	L 32526	
	ity	Zip	
Having been named as registered agent and the place designated in this certificate, I capacity. I further agree to comply with the	hereby accept the ap he provisions of all st	pointment as registered atutes relating to the pro	agent and agree to act in this oper and complete performan
of my duties, and I am familiar with and	accept the obligation Chapter <u>605,</u>		метей agent as providea jor п
{} {		20-0-0	
Adl	Mate		}
Régistèred A	Agent's Signature (R)	EQUIRED)	14 DEC 15 1 SECRETARY I
•	(CONTINUED)		DEC AHA
	(CONTINUED)		
	Page 1 of 2		SSE 15
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			AH 8: 50 COF STATE E.FLORIDA
	••		
			>

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Adana Powers
	5760 Princeton Drive
	Pensacola FL 32526
EV: Effective date, if other than the ctive date is listed, the date must be	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 day
EV: Effective date, if other than the ective date is listed, the date must be f filling.)	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 day
(Use attachment if necessary) E V: Effective date, if other than the ective date is listed, the date must be of filling.) E VI: Other provisions, if any. REOUIRED SIGNATURE:	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 day
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E V: Effective date, if other than the ective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmatic	a member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein age true.
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