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(R€	equestor's Name)	<del></del>
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PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Oglesby Worldwide Ventures LL0 Name of Lin	C mited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Billy Joe Oglesby	Name of Person	
Oglesby Worl		URES LLC.
846 Neuse Ave	Address	
	Addiess	=======================================
Orlando, FL 32804		15 1 15 SEC
	City/State and Zip Code	MAY MAY
DADOGLESBY@YAHOO.COM		
E-mail address: (to be use	ed for future annual report notification	on)
For further information concerning this matter, ple	ase call:	ONN OF ATION  ON NY 9: 56  SEE FLORIDA
		9: 5 108
Billy Joe Oglesby at (	407 ) 628-8260	St. p. 6
Name of Person	Area Code Daytime Telep	phone Number
Produced in a short for the following account.		
Enclosed is a check for the following amount:	_	<b>-</b> -
□ \$125.00 Filing Fee	Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Addre	<u>ss</u>
Registration Section Division of Corporations	Registration Section Division of Corporation	ne

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADMIGLET				
ARTICLE 1 - Name: The name of the Limited Liability Company is:				
0.1.1.1.14.14.14.14.14.14.14.14.14.14.14.				
Oglesby Worldwide Ventures LLC (Must end with the words "Limi	ted Liability Company, "L.L.C.," or '	'LLC.")	-	
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability Com	pany is:		
Principal Office Address:	Mailing Address:			
846 Neuse Ave	846 Neuse Ave		-	
Orlando, FL 32804	Orlando, FL 32804		-	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its or another business entity with an active Florida registra The name and the Florida street address of the register	wn Registered Agent. You must design tion.)		i <b>dual</b> o	г
·	red agent are.			
<u>Biliy Joe Oglesby</u> Na	me			
846 Neuse Ave				
Florida street address (P.O. I	Box NOT acceptable)			
Orlando,	FL 32804			
City	Zip			
Having been named as registered agent and to accept the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provisio of my duties, and I am familiar with and accept the Ch	cept the appointment as registered age ns of all statutes relating to the prope	ent and agree t r and complete	to act i e perfoi	n this rmance
Registered Agent's Sig	gnature (REQUIRED)			9
(CONTI	NUED)	SECRE	15 HAY	NOISIATO Jayoas
Page 1	of2	MSSEE, FLOR	20 AM 9:	TARY OF STA

	<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager		Name and Address:		
	MGR		Billy Joe Oglesby 846 Neuse Ave		
		<del></del>			
			Orlando, FL 32804		
	(Use attachment if necessary)	ssary)			
TI.	CLE V: Effective date, if o	ther than the date of filing date must be specific an	g: (OPTIONAL) and cannot be more than five business days prior to or 90 days		
an (	-				
an ( dat	te of filing.)  CLE VI: Other provisions,	· · · · · · · · · · · · · · · · · · ·			
an ( dat	te of filing.)  CLE VI: Other provisions,				

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)

Billy Joe Oglesby

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SECRETÁRY OF SIMIL DIVISION OF CORPORATIONS
15 MAY 20 AM 9: 56