

45000091174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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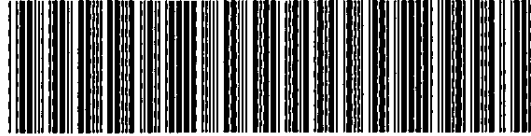
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

MAY 26 2015

J. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 3 Worlds Entertainment LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samantha H. Smith  
Name of Person

\_\_\_\_\_  
Name of Firm/Company  
1074 N.W. 121 ST LANE  
Address

Coral Springs, FL 33071  
City/State and Zip Code

Samantha Hope Smith 2@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha H Smith at 864, 430-9504  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3 Worlds Entertainment L.L.C

(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:

1074 N.W. 121<sup>st</sup> Lane  
Coral Springs, FL  
33071

Mailing Address:

1074 N.W. 121<sup>st</sup> Lane  
Coral Springs, FL  
33071

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:

Samantha H. Smith

Name

1074 N.W. 121<sup>st</sup> Lane

Florida street address (P.O. Box **NOT** acceptable)

Coral Springs, FL 33071

City

State

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 605, F.S.

X

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



Darcelus Reid  
State of Florida

My Commission Expires 11/16/2018

Commission No. FF 172707

NOTARY  
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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Manager "AMBR"

MANAGER

MANAGER

**Name and Address:**

Samantha H. Smith  
1074 N.W. 121st Lane  
Coral Springs, FL 33071

LEONARD L. ZANEKOSR  
1074 NW 121st Lane  
Coral Springs, FL, 33071

SHAWN O'REILLY  
1204 NW 140 Terrace  
Pembroke Pines, FL 33028

(Use attachment if necessary)

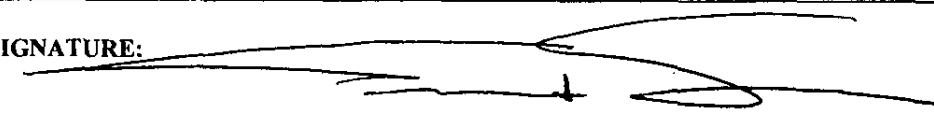
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

UPON THE DEATH OR SICKNESS OF THE AMBR GOES TO LEONARD ZANEKOSR

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Samantha H. Smith  
Typed or printed name of signee

**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)



Darcelus Reid  
State of Florida

My Commission Expires 11/16/2018

Commission No. FF 172707

NOTARY  
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