

L15000/22461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

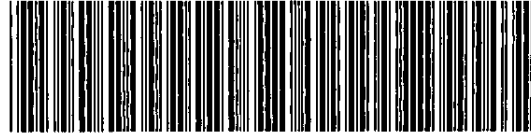
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUL 14 AM 7:04

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AND  
FILED

1/4

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** World Wide Financial Consulting, 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:

Curtis A. De Greff

Name of Person

World Wide Financial Consulting, LLC

Firm/Company

7100 SW 114 Terrace

Address

Pinecrest, FL 33156

City/State and Zip Code

curt.degreff@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Curtis A. De Greff

305

667-8433

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &  
Certificate of Status

☐

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

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

**Street Address**

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

all

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED  
AND  
FILED

15 JUL 14 AM 7:04

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

World Wide Financial Consulting, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC")

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

7100 SW 114 Terrace  
Pinecrest, FL 33156

**Mailing Address:**

7100 SW 114 Terrace  
Pinecrest, FL 33156

**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:

Curtis A. De Greff

Name

7100 SW 114 Terrace

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

Pinecrest

FL

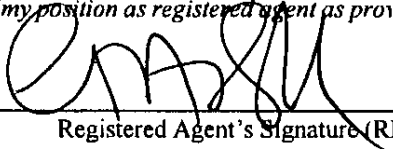
33156

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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

15 JUL 14 AM 7:04

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Curtis A. De Greff  
7100 SW 114 Terrace  
Pinecrest, FL 33156

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMBR

Sheryl T. De Greff  
7100 SW 114 Terrace  
Pinecrest, FL 33156

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 1, 2015 (OPTIONAL)

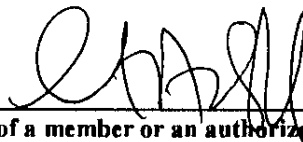
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

The operations of World Wide Financial Consulting, LLC will be subject to the terms of the Operating Agreement executed by the members on July 1, 2015.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Curtis A. De Greff

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)