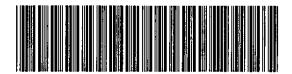
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Office Use Only

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2016

MARIA X. RASPALL 8701 N.W. 110 LN. HIALEAH GARDENS, FL 33018

SUBJECT: WORC EQUIPMENT LLC

Ref. Number: W16000008009

We have received your document for WORC EQUIPMENT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 216A00002385

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJEC	Word Equipa	MENT LLC
SOBJEC		imited Liability Company
The encl	osed Articles of Organization and fee(s)	are submitted for filing.
Please re	eturn all correspondence concerning this	matter to the following:
	MARIA X RASPALL	
		Name of Person
	WORC EquipME	ent LLC
		Firm/Company
	8701 NW 110 LANE	
	•	Address
	HIALEAH GARDENS FL. 33018	
	TTDG LDG C LOL COLL	City/State and Zip Code
	JTPCARS@AOL.COM  F-mail address: (to be use	ed for future annual report notification)
For further	r information concerning this matter, plea	•
1 of fattile	•	
	MARIA RASPALLat (	954 736-6456
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.00	Filing Fee \$\frac{1}{\sum \text{S130.00 Filing Fee & Certificate of Status}}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
•	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:		
WORC EQU	IPMENT LLC	lity Company, "L.L.C.," or "LLC	
(Must end w	ith the words "Limited Liabi	lity Company, "L.L.C.," or "LLC	.")
ARTICLE II - Address: The mailing address and street add	dress of the principal office o	f the Limited Liability Company	is:
<u>Principa</u>	Office Address:	<u>Mailing</u>	Address:
8701 NW 110 LANE HIALEAH GARDEN	S FL. 33018	SAME	
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac	annot serve as its own Regist tive Florida registration.)	tered Agent. You must designate	an individual or
The name and the Florida street ac	idress of the registered agent	are:	
	MARIA X RASPALL		_
	Name	e	
	8701 NW 110 LANE		_
	Florida street address (P.O.	Box NOT acceptable)	

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 agency as provided for in Chapter 605, F.S..

State

hIALEAH GARDENS

City

Registered Agent's Signature (REQUIRED)

33018

Zip

(CONTINUED)

Page 1 of 2

15 STR 23 PMI2: 33

"AMBR" = Authorized Member "MGR" = Manager MGR  MARIA X RASPALL  8701 NW 110 LANE HIALEAH GARDENS FL. 33018	
MGR MARIA X RASPALL  8701 NW 110 LANE HIALEAH GARDENS FL. 33018	
8701 NW 110 LANE HIALEAH GARDENS FL. 33018	
HIALEAH GARDENS FL. 33018	
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(Use attachment if necessary)	
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f the date inserted in this block does not meet the applicable statutory filing requirements, this date will iment's effective date on the Department of State's records.	ill not b
LE VI: Other provisions, if any.	
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REOUIRED SIGNATURE:	
REOUIRED SIGNATURE:  Signature of a member of an authorized representative of a member.	
REOUIRED SIGNATURE:  Signature of a member of an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statut	utes.
REOUIRED SIGNATURE:  Signature of a member of an authorized representative of a member.	utes.
REOUIRED SIGNATURE:  Signature of a member of an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statur I am aware that any false information submitted in a document to the Department of St	utes.
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Signature of a member of an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Status I am aware that any false information submitted in a document to the Department of Status Constitutes a third-degree felony as provided for in s.817.155, F.S.  Typed or printed name of signee	utes.
Signature of a member of an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Status I am aware that any false information submitted in a document to the Department of Status Constitutes a third degree felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:	utes.
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Signature of a member of an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Status I am aware that any false information submitted in a document to the Department of Status Constitutes a third degree felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:	utes.

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