

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GREENBERG TRAURIG (WEST PALM BE

Account Number: 075201001473

: (561)955-7600 Phone

: (561)338-7099 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

SAMDURSO@GMAIL.COM

FLORIDA LIMITED LIABILITY CO. WorldReach USA, LLC

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ARTICLES OF ORGANIZATION

SECRETARY OF STATE

FOR FLORIDA LIMITED LIABILITY COMPANY LL AHASSEE FLORIDA

WORLDREACH USA, LLC

ARTICLE I - NAME: The name of the limited liability company is:

WORLDREACH USA, LLC

(the "Company").

ARTICLE II - ADDRESS: The mailing address of the principal office of the Company is 203 Scabreeze Circle, Jupiter, FL 33477. The street address of the principal office of the Company is 203 Scabreeze Circle, Jupiter, FL 33477.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE: The name and the Florida Street address of the Company's registered agent are:

Samuel J. Durso 203 Seabreeze Circle Jupiter, FL 33477

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 in Chapter 605, Florida Statutes.

Samuel J. Durso, Registered Agent's Signature

ARTICLE IV – The name and address of each person authorized to manage and control the limited liability company are:

<u>Title</u>

Name and Address

Manager

Samuel J. Durso 203 Seabreeze Circle Jupiter, FL 33477

Manager

Thomas E. Joyce 203 Seabreeze Circle Jupiter, FL 33477

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SECRETARY OF STATE TALLAHASSEE FLORIDA

REQUIRED SIGNATURE:

Samuel I Durso, Authorized Person

(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.)