# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002804793)))



H170002804783ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Address:		
	Address:	Address:

# FLORIDA LIMITED LIABILITY CO. OFFICE WORLD, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

TOCT 24 PH 4

Electronic Filing Menu

Corporate Filing Menu

Help

02/03

H17000280479

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

OFFICE WORLD, LLC.

(Must contain 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:

Mailing Address:

C/O MICHEL HUYSMAN, P.A. 2000 SOUTH DIXIE HIGHWAY, SUITE 106 MIAMI, FL 33133

P.O. BOX 523882 MIAMI, FL 33152

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 emity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MICHEL HUYSMAN, ESQ.

Name

2000 SOUTH DIXIE HIGHWAY, SUITB 106

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

MIAMI

PI

33133 -

City

State

7In

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 conficate, I hereby accept the appointment as registered agent and agree to act in this capacity. I in 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)

H170.00280479

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	NARESH V. DARYANANI
	24 PARADISE ISLAND ROAD PHILIPSBURG, ST. MAARTEN
AMBR	PRAKASH V. DARYANANI
	15 MADAME ESTATE DRIVE PHILIPSBURG, ST. MAARTEN
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of feetive date is listed, the date must be speced of filing.)	of filing; (OPTIONAL) cific and cannot be more than five business days prior to or 96 cet the applicable statutory filing requirements, this date will no
CLE V: Effective date, if other than the date of fective date is listed, the date must be speced of filing.)  If the date inserted in this block does not me	cific and cannot be more than five business days prior to or 98 sect the applicable statutory filing requirements, this date will not
CLE V: Effective date, if other than the date of effective date is listed, the date must be species of filing.)	cific and cannot be more than five business days prior to or 98 sect the applicable statutory filing requirements, this date will not
CLE V: Effective date, if other than the date of effective date is listed, the date must be species of filing.)  If the date inserted in this block does not me cument's effective date on the Department of	cific and cannot be more than five business days prior to or 98 sect the applicable statutory filing requirements, this date will not
CLE V: Effective date, if other than the date of effective date is listed, the date must be species of filing.)  If the date inserted in this block does not me cument's effective date on the Department of	cific and cannot be more than five business days prior to or 98 sect the applicable statutory filing requirements, this date will not
CLE V: Effective date, if other than the date of affective date is listed, the date must be specie of filing.)  If the date inserted in this block does not me cument's effective date on the Department of	cific and cannot be more than five business days prior to or 98 sect the applicable statutory filing requirements, this date will not
CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)  If the date inserted in this block does not me cument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 98 set the applicable statutory filing requirements, this date will not f State's records.
CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)  If the date inserted in this block does not me cument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem This abcument is executed I am aware that any faise is	ect the applicable statutory filing requirements, this date will not f State's records.  State's records.  There or an authorized representative of a member. If in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State.
CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)  If the date inserted in this block does not me cument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem This abcument is executed I am aware that any faise is	eet the applicable statutory filing requirements, this date will not f State's records.  There or an authorized representative of a member. It is accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State release as provided for in 5.817.155, F.S.

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)