

# L18000118797

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.

((H18000149901 3)))



H180001499013ABCO

**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 : THE LAW OFFICES OF NICK SPRADLIN PLLC  
Account Number : 120070000020  
Phone : (813)435-3176  
Fax Number : (713)429-1276

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

Email Address:

NS@NickSpradlin.Com

**FLORIDA LIMITED LIABILITY CO.  
WORLD MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

**T COLLINS  
MAY 15 2018**

RECEIVED

2018 MAY 14 PM 4:55

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ELECTRONIC FILING SERVICES

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

WORLD MANAGEMENT, 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:SONNENREDDER 21FSONNENREDDER 21FHAMBURG GERMANY 20457HAMBURG GERMANY 20457

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

THE LAW OFFICES OF NICK SPRADLIN, PLLC

Name

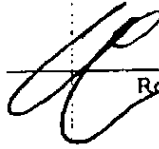
2202 N. WEST SHORE BLVD. STE 200Florida street address (P.O. Box **NOT** acceptable)TAMPAFLORIDA33607

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)

CLERK OF STATE  
ALABAMA  
MAY 14 2018

18 MAY 14 AM 10:27

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

MGR

MGR

MGR

(Use attachment if necessary)

**Name and Address:**

WORLD MANAGEMENT INCORPORATION PC

SONNENREDDER 21F

HAMBURG GERMANY 20457

VYACHESLAV KARPENKO

SONNENREDDER 21F

HAMBURG GERMANY 20457

IRINA KARPENKO

SONNENREDDER 21F

HAMBURG GERMANY 20457

MARIA KARPENKO

SONNENREDDER 21F

HAMBURG GERMANY 20457

VALDIMIR KARPENKO

SONNENREDDER 21F

HAMBURG GERMANY 20457


**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.

ANY AND ALL LAWFUL BUSINESS PURPOSE

**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.

NICKOLAS J. SPRADLIN AUTHORIZED REP. OF A MEMBER

Typed or printed name of signer

**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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TOTAL

**THE LAW OFFICES OF NICK SPRADLIN, PLLC**

STATE: FLORIDA

LIMITED LIABILITY COMPANY

NO BOOK ☐NO BOOK NO STAMP ☐Date of Order 05/08/2018

How did you hear about The Law Offices of Nick Spradlin? \_\_\_\_\_

IRA ☐1. WORLD MANAGEMENT, LLC  
Company Name

2. \_\_\_\_\_

DBA Name: \$120 \_\_\_\_\_

Regular Service 10 to 12 Business Days ☐ 3 Days Service \$60 ☐ 1 Day Service \$110 ☐ Same Day Service \$210 ☐Nature of Business: SOLOR PANELSAddress of Company SONNENREDDER 21F 20457 HAMBURG GERMANY County HAMBURGMailing Address REGISTERED AGENTCompany Phone Number 813.981.3973

Company Fax Number \_\_\_\_\_

Email Address: INFO@WMI-PL.COM

MANAGED BY



MEMBER



MANAGER

MANAGERS

SSN#

DL# for Sales tax Id

CEO VYACHESLAV KARPENKO HGRVP IRINA KARPENKO HGRS MARIA KARPENKO HGRT VALDIMIR KARPENKO HGRMEMBER(S) TBE \$35.00 ☐ (Tenants by Entirety)☐ Multi-Members \$35.00Married ☐

Units to be issued

Name

Anonymous ☐

DL# for Sales tax Id

1. 100 UKWORLD MANAGEMENT INCORPORATION PC\$399

2. \_\_\_\_\_

\$115

3. \_\_\_\_\_

\$155

4. \_\_\_\_\_

\$670

5. \_\_\_\_\_

6. \_\_\_\_\_

Additional Info:

**ANONYMOUS****FILED****18 MAY 14 AM 10:27****CLERK OF STATE  
TALLAHASSEE, FLORIDA**

<b>ADDITIONAL SERVICES</b>			
Tax Id: US <input type="checkbox"/>	Non-US <input type="checkbox"/>	S-Election <input type="checkbox"/>	Indemnification <input type="checkbox"/>
1244 Stock <input type="checkbox"/>	Anonymous <input type="checkbox"/>	Female Minority <input type="checkbox"/>	Highway Heavy Tax 55k <input type="checkbox"/>
Sales tax \$85 <input type="checkbox"/>	Date of first Sale _____	Unemployment <input type="checkbox"/>	Employees _____
Selling		Date of Hire _____	New Hire Report <input type="checkbox"/>
Workers Comp Construction: 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	IRA Custodian:
Non Construction: 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	IRA Investment \$
Deed <input type="checkbox"/>	Living Trust <input type="checkbox"/>		
Private Policy for Websites <input type="checkbox"/>	Terms & Conditions <input type="checkbox"/>	Terms & Conditions for Social Media <input type="checkbox"/>	
<b>AGREEMENTS/LICENSES</b>			
Loan Agreement/Promissory Note <input type="checkbox"/>	Security Agreement <input type="checkbox"/>	Management Agreement <input type="checkbox"/>	
Employment agreement <input type="checkbox"/>	Independent Contractor Agreement <input type="checkbox"/>	Occupational License <input type="checkbox"/>	
<b>LEASES</b>			
Auto Lease <input type="checkbox"/>	Home Office Lease <input type="checkbox"/>	Office Equipment Lease <input type="checkbox"/>	
Make & Model: _____	Office Description Square Feet: _____	Equipment Description: Y/M/M Serial # _____	
Year: _____			
Monthly Payments: _____	Monthly Payments: _____	Payments: _____	
VIN #: _____		Deposit: _____	
<b>TRADEMARK/COPYRIGHT</b>			
Trademark Name <input type="checkbox"/>	Trademark Name Search Diligence <input type="checkbox"/>		
Trademark Upkeep <input type="checkbox"/>	U.S. Customs Service Trademark <input type="checkbox"/>	Trademark Logo <input type="checkbox"/>	
Copyright <input type="checkbox"/>	Copyright Name Search <input type="checkbox"/>		
Immediate Copyright Confirmation <input type="checkbox"/>	U.S. Customs Service Copyright <input type="checkbox"/>		
<b>COMPANY SPEED OF SERVICE</b>		<b>SHIPPING SERVICE</b>	
<input type="checkbox"/> Regular (10 Business Days)		\$17.95 <input type="checkbox"/> Regular (2 to 3 Business days)	
\$210 <input type="checkbox"/> Same Day		\$31.95 <input type="checkbox"/> Next Day (in State)	
\$110 <input type="checkbox"/> Next Day		\$21.95 <input type="checkbox"/> Regular Out-State	
\$60 <input type="checkbox"/> 3 Days		\$36.00 <input type="checkbox"/> Next Day Out-State	
<b>CREDIT CARD INFORMATION</b>		\$90.95 <input type="checkbox"/> Europe	
Type of Credit Card		\$56.95 <input type="checkbox"/> Canada	
Credit Card Number		\$110.95 <input type="checkbox"/> Other International	
Name on Credit Card			
Expiration	3 or 4 Digit Code		
Billing Address			
Notes: PAYONEER MAKE REGISTRATION. SMALL FEES. SEND REGISTRATION NUMBER FOR FILING. PRIVATE. DO AS THE COMPANY.			

Order Taken by: