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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

APR 11 2011

EXAMINER



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SECRETARY OF STATE

W1-1596

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NOG WORLDWIDE INSPIRATIONS LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
MARY DOZI OKANIGBE	
Name of Person	
NOG WORLDWIDE INSPIRATIONS LLC	
Firm/Company	
11929 NE 6TH AVE.;	
Address	
MIAMI/FLORIDA/33161	
City/State and Zip Code	
nogworldwide@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MARY DOZI OKANIGBE $at (305)$ 521 3534	
Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section STREET ADDRESS: Division of Corporations Registration Section	
P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\int\\$\$125.00 \text{ Filing Fee}\$ Certificate of Status \$\int\\$\$\$155.00 \text{ Filing Fee & Certificate Copy}\$ \$\$160.00 \text{ Filing Fee, Certificate of Status}\$	

Or

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of	ORLDWIDE INSPIRATIONS LLC of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"	or "LLC.")		
	ailable, enter alternate name adopted for the purpose of transacting business in Florida and atta managers or managing members adopting the alternate name. The alternate name must includeL.C," "LLC.")			
2. WYOMING				
(Jurisdiction u company is or	n under the law of which foreign limited liability (FEI number, if applicable) organized))		
4. 13/07/200				
	(Date of Organization) (Duration: Year limited liability comparexist or "perpetual")	y will cease	to	
6. N/A				
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)			
_{7.} 11929 N	NE 6TH AVE.;	7114 1038		
		HA	PR.	1000
-	(Street Address of Principal Office)	- SE-Y	- 6	-
8. If limited l	l liability company is a manager-managed company, check here	OF ST	PM 12:	
9. The name	e and usual business addresses of the managing members or managers are as fo		02	
MARY D	DOZI OKANIGBE/11929 NE 6TH AVE. MIAMI FL 33161			
	·			
10 Attached is a	s an original certificate of existence, no more than 90 days old, duly authenticated by the official havi	ina anetodu o		rde in
	under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fore			icis iii
translation of the	he certificate under oath of the translator must be submitted.)			
11. Nature of	of business or purposes to be conducted or promoted in Florida: EXPORT/IMPORT: AGENCY;	ONLINE MARKETING	ETC.	
	allangse		<u> </u>	
,	Signature of a member or an authorized representative of a member.			
((In accordance with section 608,408(3), F.S., the execution of this document constitutes an affirmation	under the		

MARY DOZI OKANIGBE

Typed or printed name of signee

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.)

MAST

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liability Company is:
NOG,	DIS SUPPLIABILITY FORWERS
If unavailable,	the alternate to be used in the state of Florida is:
2. The name a	and the Florida street address of the registered agent and office are:
	MARY DOZI OKANIGBE
	(Name)
	11929 NE 6TH AVE. ; MAIMI
	·· Florida Street Address (P.O. Box NOT ACCEPTABLE)
	_{FL} /33161
	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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

NOG WorldWide Inspirations LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 13, 2009**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2009-000572210**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 3rd day of April, 2011 at 9:20 PM. This certificate is assigned 009682933.



May Maffield Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.