# 1418000002048

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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FEB 2 8 2018 Y SULKER



January 31, 2018

PAMELA PAMPENELLA 8808 SKYMASTER DR NEW PORT RICHEY, FL 34654

SUBJECT: WORLD OF SALES, LLC Ref. Number: W18000010332

We have received your document for WORLD OF SALES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return 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) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 418A00002121

REDEIVED FEB 2 7 2018

#### COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: WO	RLD OF SALE	S. LLC				
			Limited Liability (	Company		
					nsact Business in Florida," company to transact busin	
Please return all c	orrespondence co	oncerning this matter to the	following:			
	Pamela Pan	penella				
		Ni	ame of Person			
	WORLD OF	SALES, LLC				
		Fí	rm/Company			
	8808 Skyma	ster Drive				
			Address			
	New Port Rich	ey, FL 34654				
		City/S	tate and Zip Code			
ţ	am.realtor@ya	hoo.com				
~		E-mail address: (to be used	I for future annual	report not	ification)	
For further inform	nation concerning	this matter, please call:				
Pamel	a Pampenell	a	at ( 727	, 741-1	521	
	Name of	Contact Person	Area Code	Day	521 time Telephone Number	
Division Registral P.O. Box	of Corporations ion Section 6327 see, FL 32314			Division of Registrati Clifton B 2661 Exc	ADDRESS: of Corporations on Section uilding cutive Center Circle ce, FL 32301	
Enclosed is a cher ☑ \$125.	ck for the followi 00 Filing Fee	ng amount: □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filit Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Name of For	reign Limited Erability Company; must include "Limit	ed Liability Company," "L.I. C.," o	n "LLC.")
<del></del>	Sales of the	e World, LLC	
t name unavailable, enter a lability Company," "L.L.C	alternate name adopted for the purpose of transacting b	usiness in Florida. The alternate na	ame must include "Limited
WYOMING	_		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(VEI number, if applicable	c)
	(Date first transacted business in Florida, if p (See sections 605,0904 & 605,0905, F.S. to det	rior to registration 1	
		ermine penalty liability)	
oddo Skymaster Uni	ve. New Port Richey, FL 34654		
0000 DI	(Street Address of Principal Office)	<del></del>	<b></b>
8808 Skymaster Driv	re, New Port Richey, FL 34654		
	(Mailing Address)	<del></del>	<del>-</del>
Name and street address	ss of Florida registered agent: (P.O. Box. <u>NOT a</u>	cceptable)	
Name:	Registered Agents Inc.	1 -,	· · · · · · · · · · · · · · · · · · ·
Office Address:	3030 N. Rocky Point Dr. STE 150A	<del></del>	— — — — — — — — — — — — — — — — — — —
office //dd/css,		<del></del>	883
	Tampa (City)	, Florida 33607	
egistered agent's accep	fance:	(Zip code)	· 學 ♣ 17
aving been named as re signated in this applica	gistered agent and to accept service of process f	or the above stated limited liab	oilith compand of the place
	tion, I hereby accept the appointment as registe ons of all statutes relative to the proper and com my position as registered opens.	ea agent and agree to act in the plete performance of my dutie	tis cupiecity. <b>A</b> further ag
cept the obligations of i	or position as registered agent.	, , , , , , , , , , , , , , , , , , , ,	> un jaminur am
	Bet H	<b></b>	
	(Registered agent's signa		<del>-</del>
The name, title or capa	ecity and address of the person(s) who has/have a	uhority to manage is/are:	
amela Pampenella	a, Manager, 8808 Skymaster Drive, N	ew Port Richev, FL 346	54
			<del></del>
		<del></del>	
Attached is a certificate	of existence, no more than 90 days old, duly author which it is organized. (If the application)	enticated by the official having	custody of moords in the
he translator must be su	2) Three it is in calificated at a tile certificate is in a 1	oreign language, a translation of	I the certificate under out
was the state of sta		1	
	- 7 chy 13 Dun Dei	61	
	Signature of an authorized p	erson	<del></del>

document is executed in accordance with section 605,0203 (1) (b). Florida Statutes, I am aware that any false information litted in a document to the Department of State constitutes a third degree felony as provided for in s.817,155, F.S.

Pamela Pampenella

## STATE OF WYOMING Office of the Secretary of State

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

#### WORLD OF SALES, LLC

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **December 19, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000780957**.

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 29th day of December, 2017 at 8:31 AM. This certificate is assigned 025068325.

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