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Account Number : 12812888883 Phone

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(I)

## FLORIDA LIMITED LIABILITY CO. THE WORLD OF TOOLS LLC

Certificate of Status	0
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## (((H24000054226 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ALCHODIO C	on Granization for	THOMBA CAPIT	THE THE PERSON I CONTENTED IN
ARTICLE I - Name: The name of the Limited Liabil	lity Company is:		
THE WORLD OF			
(Must cor	itain the words "Limited	Liability Comp	any, "L.L C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Lin	nited Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
12333 SW 148 TER	PACE		12333 SW 148 TERRACE
MIAMI, FL 33186	delob		MIAMI, FL 33186
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida stree	y cannot serve as its owr active Florida registration	n Registered Ago on.)	Agent's Signature: ent. You must designate an individual or
the name and the Prorida since	address of the registere	a agent are,	
	ANDRYE LORENZ	<del></del>	
		Name	
	12333 SW 148 TER	RACE	
	Florida street addres	s (P.O. Box <u>NC</u>	T acceptable)
	MIAMI	FL	33186
	City	State	Zıp

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..

Andrye Lorenzo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ALL FORM

as

(((H24000054226 3)))

<u>l'itle:</u> 'AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	ANDRYE LORENZO
MGR	12333 SW 148 TERRACE
	MIAMI, FL 33186
MGR	MAICHAEL GOMES
	MAICHAEL GOMES 12333 SW 148 TERRACE
,	MIAMI, FL 33186
(Use attachment if necessary)	
ective date is listed, the date must be spe of filing.) I the date inserted in this block does not m ment's effective date on the Department o	of filing: (OPTIONAL) relific and cannot be more than five business days prior to or 90 neet the applicable statutory fiting requirements, this date will not of State's records.
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rective date is listed, the date must be spe of filing.) If the date inserted in this block does not m ment's effective date on the Department of LE VI: Other provisions, if any.  REOURED SIGNATURE;  Signature of a men This document is execute I am aware that any false	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not of State's records.

Typed or printed name of signee