

W09000019735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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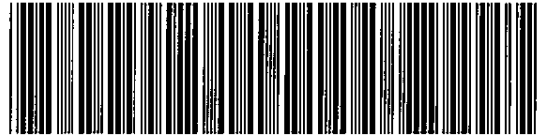
**L. SELLERS**

FEB 27 2009

**EXAMINER**

~~W09 7831~~

Office Use Only



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02/17/09--01035--009 \*\*160.00

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09 FEB 17 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ALL IN 1 CONTRATING, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**MILAGROS ROSARIO**  
(Name of Person)

**ALL IN 1 CONTRATING, LLC**  
(Firm/Company)

**625 SW 8TH TERRACE**  
(Address)

**CAPE CORAL, FL 33991**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**DAVID ROSARIO** at ( **239** ) **253-3439**  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

DAVID ROSARIO 239 253-3439

Please return all correspondence concerning this matter to the following:



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 18, 2009

MILAGROS ROSARIO  
625 SW 8TH TERRACE  
CAPE CORAL, FL 33991

SUBJECT: ALL IN 1 CONTRACTING, LLC  
Ref. Number: W09000007831

We have received your document for ALL IN 1 CONTRACTING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 109A00005793

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ALL IN 1 CONTRATING, LLC

(Must end with 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:**

625 SW 8TH TERRACE  
CAPE CORAL, FL 33991

\_\_\_\_\_  
\_\_\_\_\_

**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 entity with an active Florida registration.)

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

MILAGROS ROSARIO  
Name

625 SW 8TH TERRACE  
Florida street address (P.O. Box NOT acceptable)

CAPE CORAL, FL 33991  
City, State, and 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, F.S.*

  
Registered Agent's Signature (REQUIRED)

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09 FEB 17 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

MILAGROS ROSARIO  
625 SW 8TH TERRACE  
CAPE CORAL, FL 33991

MGR

DAVID ROSARIO  
625 SW 8TH TERRACE  
CAPE CORAL, FL 33991

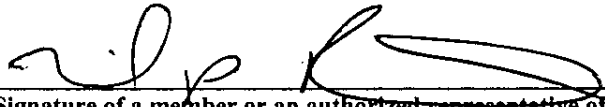
MGR

DAVID M ROSARIO  
625 SW 8TH TERRACE  
CAPE CORAL, FL 33991

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: February 14, 2009 (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.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**MILAGROS ROSARIO**

\_\_\_\_\_  
Typed or printed name of signee

**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)

**FILED**  
 09 FEB 17 AM 8:45  
 STATE OF FLORIDA  
 TALLAHASSEE FLORIDA