FROM : ROSILLO & ASSOCIATES, PA Division of Corporations

PHONE NO.: 3054772640

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# Florida Department of State

**Division of Corporations** Public Access System Katherine Harris, Secretary of State

### Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)922-4003

From:

Account Name : ROSILLO & ASSOCIATES, P.A.

Account Number: I19990000127 (305)477-5671: (305)477-2640 Fax Number .

## LIMITED LIABILITY COMPANY

All Fifty LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00





FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 3, 2000

ROSILLO & ASSOC.

SUBJECT: ALL FIFTY LLC REF: W00000016799

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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DO JUL -5 PH 3: 11

SECREMAN OF STATE

TALLAHASSEE, FLORIDA

OO JUL -5 PM 3: 19

PHONE NO.: 3054772640

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#### ARTICLES OR ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY All Fifty LLC

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

All Fifty LLC.

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

220 E. Panama Road, Winter Springs, FL 32708

#### ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Management: (Check the appropriate box and complete the statement)

- The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:
- The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Richard Miller 220 E. Panama Road Winter Springs, FL 32708

#### ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be upon adequate consideration and the unanimous consent of all members.

#### ARTICLE VI - Members Rights to Continue Business:

The remaining members of the limited liability company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company.

FILE

FROM: ROSILLO & ASSOCIATES, PA HO0000034989 4 PHONE NO.: 3054772640

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/ -utt

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

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

" RICHARDMINER

Typed or printed name of signee

Filing Fee: \$100.00 for Articles and Affidavit

OJUL-5 PM 3: I

# 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 the limited liability company is: All Fifty LLC.
- 2. The name and the Florida street address of the registered agent are:

Richard Miller 220 E. Panama Road Winter Springs, FL 32708

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 he 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.

SIGNATURE

Filing Fee: \$25.00 for Designation of Registered Agent

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SECRETARY OF STATE
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