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ACCOUNT NO. : 072100000032

REFERENCE : 481865 7288821

AUTHORIZATION :

COST LIMIT : \$ 155.00

*Patricia Pizito*

ORDER DATE : March 19, 2002

ORDER TIME : 3:11 PM

ORDER NO. : 481865-005

CUSTOMER NO: 7288821

300005135483-2

CUSTOMER: Clara Del Risco, Esq  
Clara Del Risco, P.a.

13899 Biscayne Blvd.  
Suite 154  
Miami, FL 33181

DOMESTIC FILING

NAME: ALL PROPERTY INVESTMENT  
HOLDINGS, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

TALLAHASSEE, FLORIDA  
EXT 1155  
DIVISION OF CORPORATE  
EXAMINER'S INITIALS:

02 MAR 19 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVE  
AND  
FILED

02 MAR 19 PM 4:20

RECEIVED

*JP*  
*30-02*

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
All Property Investment Holdings, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
13899 Biscayne Blvd., Suite 154, N. Miami Beach, FL 33181

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Clara del Risco, Esq.  
Name

13899 Biscayne Blvd., Suite 154  
Florida street address (P.O. Box **NOT** acceptable)

North Miami Beach, FL 33181  
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.*

By: *Clara del Risco*  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

*Clara del Risco*  
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.)

Clara del Risco  
Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAR 19 AM 9:21

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AND  
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