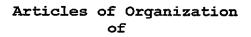
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	See, Fl. 32304 /Zip Phone # (850) 575-9098		Office Use Only	
CORPORATION	NAME(S) & DOCUMENT	NUMBEI	R(S), (if known):	
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3.	ooration Name)	(Documer	<b>高</b>	
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NonProfit	Resignation of R.A., Officer/	Director		
Limited Liability	Change of Registered Agent			
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OTHER FILINGS	REGISTRATION/	145. 145.		
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## ONE 4 ALL, L.L.C.

The undersigned natural person(s), of the age of eighteen years or more, acting as organizers of a limited liability company under the State of Florida Limited Liability Company Act, adopt(s) the following Articles of Organization for such limited liability company.

Article 1. Name of Limited Liability Company. The name of this limited liability company is ONE 4 ALL, L.L.C.

Article 2. Registered Office and Registered Agent. The initial registered office of this limited liability company and the name of its initial registered agent at this address are:

## MICHAEL

Mike McAuley, 208 Westridge Dr., Tallahassee, FL 32304

Article 3. Statement of Purposes. The purposes for which this limited liability company is organized are:

To manage, maintain, buy and sell real estate.

Article 4. Management and Names and Addresses of Initial Organizers. The management of this limited liability company is reserved to the Organizers. The names and addresses of its initial organizers are:

## MGRM

Mike McAuley, 208 Westridge Dr., Tallahassee, FL 32304

Robert Fernandez, 3823 Wiggington Rd, Tallahassee, FL 32303

Article 5. Principal Place of Business of the Limited Liability Company. The principal place of business of the limited liability company shall be: 208 Westridge, 32304

Article 6. Period of Duration of the Limited Liability Company. The period of duration of the limited liability company shall be: inperpetuity

In Witness Whereof, the undersigned organizer(s) of this limited liability company has(have) signed these Articles of Organization on the date indicated.

Date: September 17, 2002

Signature(s):

Mikael M Ouley, Organizer/MEMBER

Mikael McAuley Typed or Printed Name

Robert Fernandez Typed or Printed Name

OLSE 30 PM 2: 2.

## 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:	RS SERVICE TO
One 4 All, L.L.C.	9 3 STE
2. The name and the Florida street address of the registered agent and office are:	7 2: 2 m
Michael McAnley (Name)	
208 Westridge Dr.  Florida street address (P.O. Box NOT ACCEPTABLE)	-
Tallahassee FL 32304 City/State/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..

Miles Manley (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)