

L03000021652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

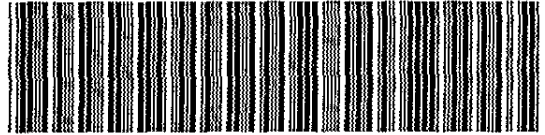
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUN 11 AM 9:13

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[Signature]

Homer P. Appleby
Attorney at Law
3245 Saint James Drive
Boca Raton, FL 33434

Tel/Fax: 561-470-1021
happleby@earthlink.net

June 9, 2003

Florida Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

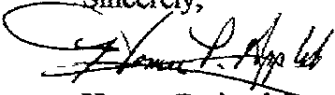
Re: All Market Investments, LLC

Dear Sir or Madam:

Enclosed are an original and one (1) copy of the articles of organization, and a check payable to the Florida Department of State in the amount of \$130.00 covering the filing fee, designation of registered agent, and a certificate of status.

Please contact me if there are any questions, and otherwise send the letter of acknowledgment with related enclosures to me at the address indicated above. Thank you for your assistance with in this matter.

Sincerely,


Homer P. Appleby

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
All Market Investments, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
631 NW Boca Raton Blvd., Boca Raton, FL 33432


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

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

Homer P. Appleby
Name
3245 Saint James Drive
Florida street address (P.O. Box **NOT** acceptable)
Boca Raton, FL 33434
City, State, and Zip

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STATE OF FLORIDA
TALLAHASSEE

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

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


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.)

Edward V. Liburdi
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)