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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (305) 674-3313
Fax Number : (305) 675-2811

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LIMITED LIABILITY COMPANY

ALL AROUND SERVICES, LLC

Certificate of Status	0
Certified Copy	0
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FROM :COSM

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY
In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
ALL AROUND SERVICES, LLC

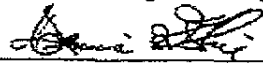
ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability
1700 NW 112 TERRACE
CORAL SPRINGS, FL 33071

**ARTICLE III REGISTERED AGENT, REGISTERED
OFFICE & REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent
DENNIS KLINE
1700 NW 112 TERRACE
CORAL SPRINGS, FL 33071

Having been named as registered agent to accept service of process for the above
stated 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 all statutes relating to the proper and complete
performance of my duties, and I am familiar with accept the obligations of my
position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature

ARTICLE IV

The Limited Liability Company will be managed by one or more members and is
therefore a member managed company.

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FROM :COSM

FAX NO. :9548351505

Jan. 13 2004 05:46PM P2

PAGE 2 ALL AROUND SERVICES, LLC

ARTICLE V

The name and address of the managing members of the LLC is:

MANAGING MEMBER:

DENNIS KLINE

1700 NW 112 TERRACE

CORAL SPRINGS, FL 33071

MANAGING MEMBER:

RICHARD KLEIN

621 CYPRESS POINTE DRIVE

WEST PEMBROKE PINES, FL 33027



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.

DENNIS KLINE

Typed or printed name of signee

04 JAN 14 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FL 32301

AND
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