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To:

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

From:

Account Name : ACCOUNTING & BEYOND
Account Number : 119990000223
Phone : (813)998-5800
Fax Number : (813)935-5982

LIMITED LIABILITY COMPANY

ALL ASSET MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name:

The name of the Limited Liability Company is:

ALL ASSET MANAGEMENT, LLC

ARTICLE II- Address:

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

19046 BRUCE B DOWNS BLVD., #180, TAMPA, FL 33647

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

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

DAVID GRECO

Name

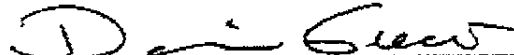
19046 BRUCE B DOWNS BLVD., #180

Florida Street Address

TAMPA, FL 33647

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.



Signature/Registered Agent

3/1/04

Date

Article IV Management (Check box if applicable.)

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

(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.)

DAVID GRECO

Typed or printed name of signer

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