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

From:
Account Name : BECKER AND POLIAKOFF, P.A.
Account Number : 072720000214
Phone : (954) 364-6007
Fax Number : (954) 985-4138

LIMITED LIABILITY COMPANY

Allin Investments, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Allin Investments, LLC

ARTICLE II - Address:

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

Principal Office Address:

215 Bolling Road

Atlanta, Georgia 30305

Mailing Address:

Same

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

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

Jeffrey Rubinger

Name

3111 Stirling Road


Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale,

FLORIDA 33312

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, Florida Statutes..



Registered Agent's Signature

Jeffrey L. Rubinger, Esq.
Florida Bar No. 0124788
Becker & Poliakoff, P.A.
3111 Stirling Road
Ft. Lauderdale, FL 33312
(954) 985-4181

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Jim Kitchen - James A. Kitchen
215 Bolling Road
Atlanta, GA 30305

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.409(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

James A. Kitchen

Typed or printed name of signer

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)

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