L04000028872

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600031719436

04/15/04--01016--011 ***465.00

RECEIVED FILES AMILIAS

O4 APR 15 AM IO 24 O4 APR 15 AMILIAS

DIVISION OF COMPONATION SELVEN ASSESSED STATE

S

CORPORATE Z			\$ 155. m
ACCESS,	236 East 6th Avenue . T	'aliahassee, Florida 3	2303
INC. P.O. Box 376	066 (32315-7066) ~ (850)) 222-2666 or (800) 9	69-1666 . Fax (850) 222-1666
1	WALK IN PICK UP <u>4//5/</u>	64_	
CERTIFIED COPY		CUS	
Угното сору		Velling L	
.) All Star (corporate name & document #)	proup, LL		<u> </u>
(CORPORATE NAME & DOCUMENT #)	· · · · · · · · · · · · · · · · · · ·	<u>·</u>	SEORGIANAS IS
(CORPORATE NAME & DOCUMENT #)			E FLORIT
4.)(CORPORATE NAME & DOCUMENT #)	<u> </u>		D.F.
5.)(CORPORATE NAME & DOCUMENT #)	<u>. </u>		
SPECIAL INSTRUCTIONS	<u> </u>		

ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, FS Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I.

NAME

The name of the Limited Liability Company is: ALLSTAR GROUP, LLC

ARTICLE II.

PURPOSE

This company's purpose is to engage in any lawful activity for which Limited Liability Companies may engage under the Florida Limited Liability Company Act.

ARTICLE III.

ADDRESS

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

8558 N.W. 61 STREET MIAMI, FLORIDA 33166

ARTICLE IV.

DURATION

The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State or on another effective date if specified. The period of duration for the Limited Liability Company shall be perpetual.



ARTICLE V.

REGISTERED OFFICE AND AGENT

The name and street address of the registered agent company in the State of Florida is:

CHARLES M. SALAS 8558 N.W. 61 STREET MIAMI, FLORIDA 33166

ARTICLE VI.

MANAGEMENT

The company shall be managed by two managers in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The name and address of the initial managers of the company are:

CHARLES M. SALAS 8558 N.W. 61 STREET Miami, Florida 33166

AND

IVAN J. UZCATEQUI 8558 N.W. 61 STREET MIAMI, FLORIDA 33166

ARTICLE VII.

MEMBERS'S RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event, which terminates the continued membership of a member in the limited liability company, shall be:

The members shall have the right to do so.

UZCATEOUT

KRIJES M. SALAS

STATE OF FLORIDA COUNTY OF MIAMI-DADE

The foregoing was sworn to and UZCATEQUI, this \(\frac{14}{2} \) day of \(\frac{1}{2} \) or	subscribed before me by IVAN J. 2004, who:
<pre>(_) is/are personally known to me; (_/ produced a current Driver's(s') (State), as identification. (_) produced</pre>	License(s) from <u>Tran J. Uz(ak qui</u> as identification.
Maria Gonzalez My Commission CC983599 Expires November 26, 2004	SIGNATURE OF NOTARY PRINTED NAME OF NOTARY COMMISSION NO: MY COMMISSION EXPIRES:
STATE OF FLORIDA COUNTY OF MIAMI-DADE	e e e e e e e e e e e e e e e e e e e
The foregoing was sworn to and M. SALAS, this day ofApr	subscribed before me by CHARLES , 2004, who:
(_) is/are personally known to me; () produced a current Driver's(s') (State), as identification. (_) produced	License(s) from (Narks Li. Stus
Maria Gonzalez My Commission CC983599 Expires November 26, 2004	SIGNATURE OF MOTARY PRINTED NAME OF NOTARY COMMISSION NO.: MY COMMISSION EXPIRES: AND SEE FLORID

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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

ALLSTAR GROUP, LLC

2. The name and address of the registered agent and office is: (P.O. Box not acceptable):

CHARLES M. SALAS 8558 N.W. 61 STREET Miami, Florida 33166

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.

CHARLES M. SALAS

(Date)

OLAPRIS ANDIANA SECRETARIO DE STATE