

L04000035623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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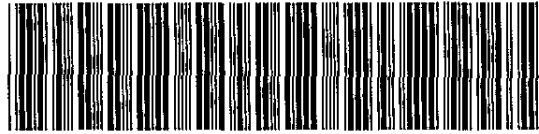
(Business Entity Name)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 634029 126224A  
AUTHORIZATION : *Patricia Pizeto*  
COST LIMIT : \$ 130.00

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TALLAHASSEE, FLORIDA

ORDER DATE : May 10, 2004

ORDER TIME : 4:19 PM

ORDER NO. : 634029-015

CUSTOMER NO: 126224A

CUSTOMER: Allan M. Glaser, Esq  
Allan M. Glaser, P.a.

Suite 807  
11900 Biscayne Boulevard  
Miami, FL 33181

DOMESTIC FILING

NAME: ALL STAR DOORS, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: \_\_\_\_\_

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ALL STAR DOORS, LLC

**ARTICLE II - Address:**

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

11900 Biscayne Boulevard, Suite 807, North Miami, Florida 33181

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

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

ALLAN M. GLASER, P.A.

Name


11900 BISCAYNE BLVD. SUITE 807

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

MIAMI, FLORIDA 33181

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.*



Registered Agent's Signature

**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)

Eran Ben David



Signature of 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.)

Allan. M Glaser

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)

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