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2004 OCT 18 P 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

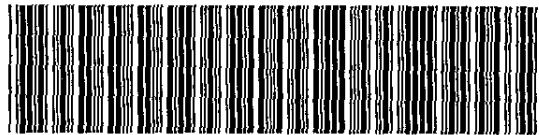
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Accounting  
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**FILED**  
2004 OCT 18 P 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 15, 2004

Registration Section  
Corporate Filings  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Above It All Services, L.L.C.

Dear Sirs;

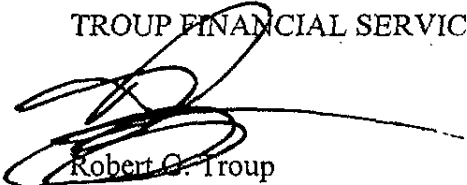
Enclosed, please find two copies of The Articles of Organization for: **Above It All Services , L.L.C..**

Check # 14213, in the amount of \$ 125,00 is included for filing fees and Registered Agent designation.

Please process and return same to this office for further processing. Should you have any questions, please do not hesitate to contact this office.

Sincerely,

TROUP FINANCIAL SERVICES



Robert G. Troup

encl.: Articles of Organization  
Check # 14213

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**  
**NAME**

The name of the Limited Liability Company is: **ABOVE IT ALL SERVICES, LLC**

**ARTICLE II**  
**ADDRESS**

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

**Principal Office Address**

**Joel Forman**  
**198 Farmbrook Road**  
**Port Orange, FL 32127**

**Mailing Address**

**Joel Forman**  
**198 Farmbrook Road**  
**Port Orange, FL 32127**

**ARTICLE III**  
**REGISTERED AGENT, REGISTERED OFFICE**

The name and the Florida street address of the Registered Agent are:

**Joel Forman**  
**198 Farmbrook Road**  
**Port Orange, FL 32127**

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

**ARTICLE IV**  
**MANAGERS OR MANAGING MEMBERS**

**FILED**

2004 OCT 18 P 1:59

TITLE  
General Manager

NAME AND ADDRESS  
Joel Forman  
198 Farmbrook Road  
Port Orange, FL 32127

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V**  
**EFFECTIVE DATE**

The effective date of this Limited Liability Company shall be: **The Article Filing Date**

  
\_\_\_\_\_  
**JOEL FORMAN**  
Member or Authorized Representative

(In accordance with Section 608.403(3),  
Florida Statutes, the execution of this  
document constitutes an affirmation under  
the penalties of perjury that the facts  
stated herein are true)

\_\_\_\_\_  
**JOEL FORMAN**  
Printed Name of Signee

Before me, the aforesigned authority personally appeared, who being known to me to be **Joel Forman**, acknowledged that he executed the foregoing Articles of Organization and Registered Agent acceptance for **Above It All Services, LLC**.

**State of Florida**  
**County of Volusia**



**Robert G. Troup**  
My Commission D083078  
Expires September 09, 2008

  
\_\_\_\_\_  
**Notary Public**

Date: October 15, 2004