2005 MAR -2, A 11: 53 SECRETARY OF STATE (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:

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TRANSMITTAL LETTER

FILED

TO:	Registration Section		
	Division of Corporations	aRouxa	3095 MAR -2 A 11: 53
SUBJE	CCT: ALL	(Name of Limited Liability Company)	1005 KAR -2 A II: 53 SECONDARY OF TATE TALLARASSEE, PLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE LUIS FONSECA JR. (Name of Person)
All around FEXCE in
3735 LinsBury ST. (Address)
OUL, EL, 328/7 (City/State and Zip Code)

For further information concerning this matter, please call:

TWE	Lais Forses Tr	at (407)	924	-5927
	(Name of Person)	(Area Code & D	aytime Telephone N	umber)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY A 11:53

	ARTICLE I - Name: The name of the Limited Liability Company is:	TA	SECRETARY OF STATE LLAHASSEE, FLORIDA
	ALL AROUND	<i></i>	curg LLC
	ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Lim	nited Liability Company is:
	Principal Office Address:	Mailing Address:	
CEL	3735 Linsoury ST ONL. FL. 32817 -407-924 5927 W	one FL.	NSBUNJT 324/7 5927
	ARTICLE III - Registered Agent, Registered	Office, & Registered A	Agent's Signature:
	The name and the Florida street address of the re	gistered agent are:	
	Jose Fors	ECA	
	3735 Liws 6 Florida street addi	ess (P.O. Box NOT accepta	ble)
	Oll. Fl. City, State, ar	FL 328/>	·

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

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managir The name and address of each Manager		FILED
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	2005 MAR -2 A 11: 53
MGRM	JOSE FONSE 3735 L'YSBURY ORL FL. 3	SECRETARY OF STATE ALLAHASSEE, FLORIDA LEZ LEZ LEZ LEZ LEZ LEZ LEZ LE
(Use attachment if necessary)		
NOTE: An additional article must be REQUIRED SIGNATURE:	added if an effective date is reque	sted.
Signature of a member of the accordance with section of this document constitute that the facts stated here	r an authorized representative of a member of 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perior are true.) To see The See T	n ury
Filing Fees: \$125.00 Filing Fee for Articles of Organiz of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ation and Designation	