

LD5000036119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

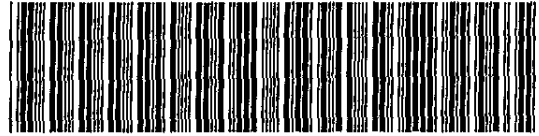
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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APR 11 2005 11 01 15

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Pro Investment LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Rafael Restrepo
(Name of Person)

All Pro Investment LLC
(Firm/Company)

5988 Brown BARK DR
(Address)

orlando FL 32822
(City/State and Zip Code)

For further information concerning this matter, please call:

Rafael Restrepo at (407) 616-8050
(Name of Person) (Area Code & Daytime Telephone Number)

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

TALLAHASSEE, FLORIDA
MAY 11 2011

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALL PRO Investments LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5988 Brown Bark DR
Orlando FL 32822

Same

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

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

Rafael Restrepo
Name

5988 Brown Bark DR

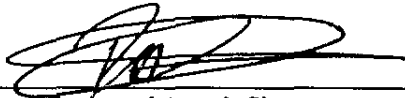
Florida street address (P.O. Box **NOT** acceptable)

Orlando FL FL 32822

City, State, and Zip

RECEIVED
OCT 11 11 04 AM '05
STATE OF FLORIDA

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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

ALVARO F. GONZALEZ
1221 GREEN VALLEY CT
APOPKA, FL 32703

MGRM

Cesar Restrepo
5335 Forzley St
Orlando FL 32812

MGRM

Rafael Restrepo
5988 Brown Bark Dr
Orlando FL 32822

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Rafael Restrepo

Signature of a 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.)

Rafael Restrepo

Typed or printed name of signee

05 APR 11 PM 9:45
TAL
DB

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)