

WS0000 44540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

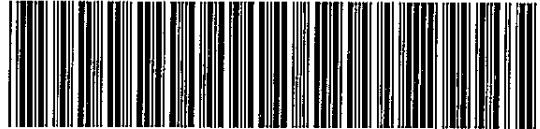
(Business Entity Name)

(Document Number)

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WS-44540
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLSERVICES INSURANCE ,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:

MIKE AJABSHIR
(Name of Person)

ALLSERVICES INSURANCE , LLC.
(Firm/Company)

18142 SW 97TH AVE
(Address)

PALMETTO BAY ,FLORIDA 33157
(City/State and Zip Code)

For further information concerning this matter, please call:

MIKE AJABSHIR at (786) 249-8000
(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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALLSERVICES INSURANCE , LLC.

ARTICLE II - Address:

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

Principal Office Address:

SOHEILA AJABSHIR

MARIA CHRITINA SAN PEDRO

MIKE AJABSHIR

Mailing Address:

18142 SW 97 AVE PALMETTO BAY ,FL 331

18142 SW 97 AVE PALMETTO BAY FL 3315

18142 SW 97 AVE PALMETTO BAY FL 3315

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

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

MIKE AJABSHIR

Name

930 HIALEAH DR.

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

HIALEAH FL 33010

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

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:

SOHEILA AJABSHIR

MGR

18142 SW 97 AVE

PALMETTO BAY FL 33157

MARIA CHRISTINA S

MGRM

18142 SW 97 AVE

PALMETTO BAY FL 33157

MIKE AJABSHIR

MGRM

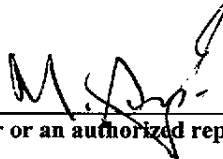
18142 SW 97 AVE

PALMETTO BAY FL 33157

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

MIKE AJABSHIR

Typed or printed name of signee

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)

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