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2005 MAY 12 PM 2: 06

DIVIDICATE CORPORATION
TAIL AHASSEE, FLORIDA

1 8 2005 MAY 1 8 2005

TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: Al INVESTCO, LLC, a Fl		ty Company
(Name of Limite	d Liability Company)	
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
ANDRES POSSE, MANAGER		
	Name of Person)	
A1 Investo	co, LLC	200
	Firm/Company)	2005 MAY 12 PH 2: 06 2005 MAY 12 PH 2: 06 2007 OF SORPORATIONS DIVALLAHASSEE, FLORIDA
7274 NW 34th Street		SSEE STEE
	(Address)	E TO
		SE C
Miami, Florida 33122		—— DAGE
(City	/State and Zip Code)	J.
For further information concerning this matter, please	call:	
ANDRES POSSE	at (305) 594-4677	,
(Name of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING A	DDRESS:
Registration Section	Registration S	
Division of Corporations 409 E. Gaines Street	Division of Co P.O. Box 632	
Tallahassee, Florida 32399	Tallahassee, F	lorida 32314

IRTICLES OF ORGANIZATION FOR FD	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	ALL STATES
A 1 INVESTCO, LLC., a Florida Limi	ted Liability Company
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7274 NW 34th Street	SAME
Miami, Florida 33122	
The name and the Florida street address of the re- LIONEL BARNET, P.A. Name	egistered agent are:
9100 South Dadeland	Boulevard #404
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Miami City, State, a	FL 33156 nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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

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

<u>itle:</u>	Name and Address:
MGR" = Manager	· ····
MGRM" = Managing Membe	r
MANAGER	ANDRES POSSE
	7274 NW 34th Street
	Miami, Florida 33122
	U C
	En la
	<u></u>
	The state of the s
	
Jse attachment if necessary)	
ose attachment if necessary)	,
OTE: An additional article	must be added if an effective date is requested.
	interpolation in the control of the
EQUIRED SIGNATURE:	
1	. 1
, lhn	Multiples mgr.
Signature of a	member or an authorized representative of a member.
{/	
of this document	with section 608.408(3), Florida Statutes, the execution nt constitutes an affirmation under the penalties of perjury
	stated herein are true.)

ANDRES POSSE

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)