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To:
Division of Corporations
Fax Number : (850)205-0383

MJH

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY

ALL LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$155.00

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 7, 2005

FAS-T CORP. AGENTS

,

SUBJECT: ALL LLC
REF: W05000028036

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Michelle Hodges
Document Specialist

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:
The name of the Limited Liability Company is:

ALL 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:
7601 E TREASURE DRIVE # 2207 NORTH BAY VILLAGE FL 33141	7601 E TREASURE DRIVE # 2207 NORTH BAY VILLAGE FL 33141

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

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

Alan BRECHMAN
Name

7601 E TREASURE DRIVE # 2207
Florida street address (P.O. Box NOT acceptable)

NORTH BAY VILLAGE, 33141
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.

Allen Brechman
Registered Agent's Signature

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(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:
MGR	ALAN BRECHMAN 7601 E TREASURE DRIVE #1207 NORTH BAY VILLAGE FL 33141
MGRM	ARTHUR GOODMAN 6590 SATIN LEAF RD N #204 NAPLES FL 34109
MGRM	LENNY DUVDIVANI 3301 SIMMS STREET HOLLYWOOD FL 33021

REQUIRED SIGNATURE:

Alan Brechman

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.)

ALAN BRECHMAN
Typed or printed name of signee