

L05000059128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

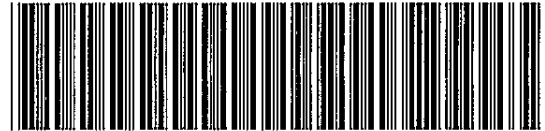
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W05-28218 \$-only

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN 13 PM 2:00

FF \$125
CC 30.00

ALLIANCE PERSONAL SERVICES, INC.

**88 Zacalo Way
KISSIMMEE, FL 34743
Phone: 321-689-0751**

May 30, 2005

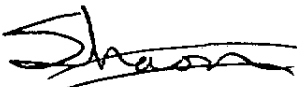
Florida Department of State
Attn: Document Specialist
P.O. Box 6237
Tallahassee, FL 32314

RE: (2) Articles of Incorporation and (2) Limited Liability Corporations
Dear Customer Service:

Enclosed please find four originals and four copies of the Articles of
Incorporation and Limited Liability Corporations along with a check for the filing fee and
certified copies. ✓

Your approval, filing, certification and return of the certified copy to the
undersigned will be greatly appreciated. Please call the number above should you require
any additional information.

Sincerely,


Sharon A. LaPointe
Paralegal

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: ROBERT ZIMMERMAN, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: Robert Zimmerman, 1015 Mabbette St., Kissimmee, FL 34741

ARTICLE III- Officers, Directors, Members:

The name and mailing address of the Limited Liability Company's Officers, Directors and Members are:


Robert Zimmerman/President; Secretary; Member; Manager
1015 Mabbette St.
Kissimmee, FL 34741

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

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

Robert Zimmerman
Name
1015 Mabbette St.
Florida street address
Kissimmee, FL 34741
City, State, and Zip

Having been named as register 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

(An additional article must be added if an effective date is requested)



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.)

 **Robert ZIMMERMAN**

Typed or printed name of signee

SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 13 PM 3:00