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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

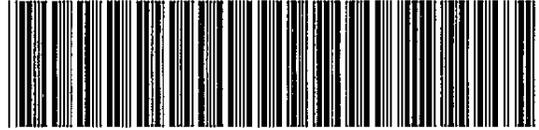
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05 JUN 13 PM 2:00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FF \$125  
CC 30.00

**ALLIANCE PERSONAL SERVICES, INC.**  
**88 Zacalo Way**  
**KISSIMMEE, FL 34743**  
**Phone: 321-689-0751**

\*\*\*\*\*

May 30, 2005

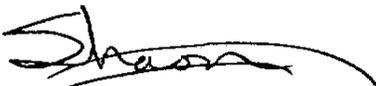
Florida Department of State  
Attn: Document Specialist  
P.O. Box 6237  
Tallahassee, FL 32314

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 register agent as provided for in Chapter 608,F.S.*

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

Robert Zimmerman  
Registered Agent's Signature

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

Robert Zimmerman  
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 Robert ZIMMERMAN  
Typed or printed name of signee