

Division of Corporations

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Florida Department of State

Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations

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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

All In One Restoration LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

At

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name

The name of the Limited Liability Company is: **All In One Restoration LLC**

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ARTICLE II - Address

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Office Address:Mailing Address:165 Jay Drive165 Jay DriveAltamonte Springs, FL 32714Altamonte Springs, FL 32714

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

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

Abdallah T. Ghazza wieh

Name

165 Jay Drive(P.O. Box or Mail Drop Box NOT Acceptable)Altamonte Springs, FL 32714

(City / State / 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 - Abdallah T. Ghazza wieh

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

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

FILED**Title:****Name and Address:**

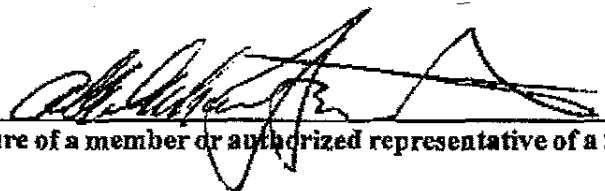
"MGR" = Manager

"MGRM" = Managing Member

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MGRM**Abdallah T. Ghazza weih- 165 Jay Drive, Altamonte Springs, FL 32714****MGRM****Wendy Ghazza weih- 165 Jay Drive, Altamonte Springs, FL 32714**

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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.)

Abdallah T. Ghazza weih

Typed or printed name of signee