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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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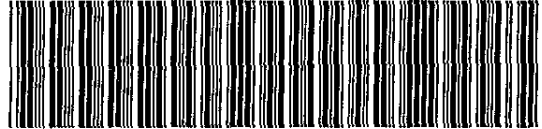
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/25/05--01021--023 **160.00

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2005 AUG 25 PM 2:46

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN AUG 25 2005

TRANSMITTAL LETTER

ROLANDO A. VASALLO
ATTORNEY
P.O. BOX 14728
NO. PALM BEACH, FL
33408

TO: Registration Section
Division of Corporations

SUBJECT:

ASTON ACQUISITIONS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROLANDO A. VASALLO

ATTORNEY (Name of Person)

P.O. BOX 14728

NO. PALM BEACH, FL

33408

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

ROLANDO A. VASALLO

ATTORNEY

P.O. BOX 14728

NO. PALM BEACH, FL

33408

at

(561) 691-9616

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASTON ACQUISITIONS, 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:

1798 BREAKERS POINTE
WAY, WEST PALM BEACH,
FLORIDA 33411

1798 BREAKERS POINTE
WAY, WEST PALM BEACH,
FLORIDA 33411

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

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

AMROSE S. ASTON
Name

1798 BREAKERS POINTE WAY
Florida street address (P.O. Box NOT acceptable)

WEST PALM BEACH, FL 33411
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.

[Signature]
Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:

MGRM

AMBROSE S. ASTON
1798 BREAKERS POINTE WAY
WEST PALM BEACH, FL. 33411

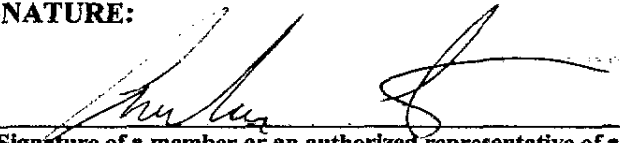
MGRM

CARINA V. ASTON
1798 BREAKERS POINTE WAY
WEST PALM BEACH, FL. 33411

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

AMBROSE S. ASTON

Typed or printed name of signee

Filing Fees:

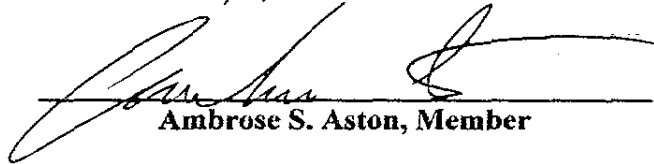
- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

(Continued)

ARTICLE V- Effective Date:

The effective date of the Limited Liability Company known as Aston Acquisitions LLC, shall be: September 1, 2005
9/1/05


Ambrose S. Aston, Member

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TALLAHASSEE, FLORIDA