

LOS000089369

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000215965 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

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

RECEIVED
05 SEP -9 AM 10:42
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

ALL PROPERTY SOLUTIONS LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 SEP -9 AM 10:32

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- NAME:

The name of the Limited Liability Company is:

ALL PROPERTY SOLUTIONS 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:

GLORIA JARAMILLO

11011 S. W. 151 PLACE
MIAMI, FL 33196

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

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

GLORIA JARAMILLO

Name

11011 S. W. 151 PLACE

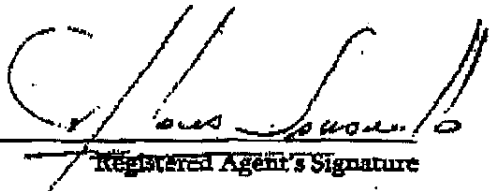
Florida street address (P. O. Box NOT acceptable)

MIAMI, FL 33196

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.


Registered Agent's Signature

9-9-05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 SEP - 9 AM 10:32

FILED

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

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

Title:

Name and Address:

"MGR"- Manager

"MGRM"-Managing Member

MGR

GLORIA JARAMILLO
11011 S. W. 151 PLACE
MIAMI, FL 333196

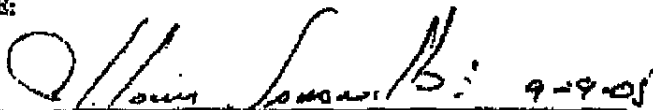
MGRM :

DIVINA MAYANS
11011 S.W. 151 PLACE
MIAMI, FL 33196

(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.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 SEP -9 AM 10:32

FILED

GLORIA JARAMILLO

Typed or printed name of signed