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Florida Department of State  
Division of Corporations  
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## 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

## LIMITED LIABILITY COMPANY

## ALL - D'SOLUTIONS CONSULTING GROUP LLC

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

10/05/05

31

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is :

**ALL - D'SOLUTIONS CONSULTING GROUP LLC**

**ARTICLE II - Address:**

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

Principal Office Address:

2280 NW 74 AVE  
PEMBROKE PINES  
FLORIDA 33024

Mailing Address:

SAME

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

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

ANAMARIA PEREZ

Name

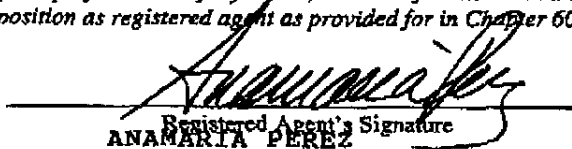
2280 NW 74 AVENUE

Florida street address (PO Box NOT accepted)

PEMBROKE PINES, FLORIDA 33024

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, FRS..*

  
ANAMARIA PEREZ  
Registered Agent's Signature

(CONTINUED)

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**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

MGRM

ANAMARIA PEREZ

2280 NW 74 AVENUE

PEMBROKE PINES, FL 33024

(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.)

ANAMARIA PEREZ

Typed or printed name of signer

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