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SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: All Star Quality Screening	ig LLC
(Name of Limite	d Liability Company)
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Ken Arena	
(Name of Person) ALC OFF ACT OFF OFF OFF OFF OFF OFF OFF O
Ken Arena Accounting & T	
((Firm/Company)
910 Lithia Pinecrest Roa	<u> </u>
	(Address)
Brandon, FL 33511	ν ΠΕ - Τ
(City	/State and Zip Code)
For further information concerning this matter, please	call:
Ken Arena	at (813) 341-2501
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$\sumsymbol{\sumsymbol{\subsymbol{\sin}\symbol{\sin}\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
All Star Quality Screening LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
5131 Lochmead Terrace
Zephyrhills, FL 33541-2623
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Ken Arena, EA
Name LCR ATT
910 Lithia Pinecrest Road
Florida street address (P.O. Box NOT acceptable)
Brandon, FL 33511 FL Tree To
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 a
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

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Lisa Ann Dunn	
	5131 Lochmead Terrace	
	Zephyrhills, FL 33541-2623	
MGRM	Christopher M. Morrison	
	16107 Dawnyiew Drive	
	Tampa, FL 33624	
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(Use attachment if necessary)		
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ICLE V: Effective date, if other than	the date of filing: August 14, 2006 . (OPTIONAL	_)
n effective date is listed, the date mus	t be specific and cannot be more than five business days	nr

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.)

Lisa Ann Dunn

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)