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SECRETARY OF STATE

W6-18537

TO: Registration Sect Division of Corp			w.		
SUBJECT: ALL	Pouz Enterpr (Name of Limited	ISE LLC d Liability Company)	r.	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of C	Organization and fee(s) are so	ubmitted for filing.			
Please return all correspon	ndence concerning this matte	r to the following:	•		
-1040 L	Williams or a	DAME AIDER Name of Person)			
ALL B	oyz Enterpri	Se_LLC Firm/Company)	<u> </u>		
1868 vi	ournum Rd N	(Address)		TAG	20
Palm Ba	ay FL 38	1907- (State and Zip Code)		ECRETA	2006 DEC
For further information co	oncerning this matter, please	call:		RY OF S	2 44
Toya William (Name of	Y) S f Person)	at ( <u>32  </u> <u>676 -</u> (Area Code & Daytime To	6373 elephone Number)	TATE ORIGIA	WH 10: 09
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 F Certificate of Certified Co (additional copy	Status &	Ż
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company	IS:
ALL BOYZ ENTERDRISE LLC (Must end with the words "Limited Liability Company, "Lin	mited 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:
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the Toya Williams National National Florida street	ID: 09

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..

degistered Agent's Signature (REQUIREL

(CONTINUED) Page 1 of 2

## 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:			
MGR - Managing Member	Done Alder 1868 Viburnum Rd NW			
MGRM	Polm Bay, Florida 32907 Toya Williams 1868 Viburnum Rd NW Polm Bay Florida 32907			
	2006 DEC 1			
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)				
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.)

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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