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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: ALL STATE EXPEDITING & CONSULTING SERVICES 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: JOEL M PEREZ (Name of Person) ALL STATE EXPEDITING & CONSULTING SERVICES LLC (Firm/Company) 5821 SW 52 TERR (Address) MIAMI, FL 33155 (City/State and Zip Code) For further information concerning this matter, please call: 3061042
(Area Code & Daytime Telephone Number) JOEL M PEREZ (Name of Person) Enclosed is a check for the following amount: ✓ \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy 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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	Effective Date $2000000000000000000000000000000000000$
ALL STATE EXPEDITING & CONSULTING SE	
(Must end with the words "Limited Liability Company, "Limit	ted Company" or their abbreviation "LLC," or "L.C")
ARTICLE II - Address:	
	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5821 SW 52 TERR	5821 SW 52 TERR
MIAMI FL 33155	MIAMI FL 33155
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the page 100 JOEL M PERZ	registered agent are:
Name	
5821 SW 52 TERR	
Florida street add	dress (P.O. Box <u>NOT</u> acceptable)
MIAMI FL 33155	FL .
City, State,	FL and Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(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:

MGR	JOEL M PEREZ	
	5821 SW 52 TERR	
	MIAMI FL 33155	
MGR	CHRISTINA DIEGO	
	5821 SW 52 TERR	
	MIAMI FL 33155	
(Use attachment if necessary)		

REQUIRED SIGNATURE;

Signature of a member of 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.)

JOEL M PEREZ

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)