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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FILED

A. LUNT

FEB - 5 2008

EXAMINER

COVER LETTER

Division of Co			
SUBJECT: Am	erican Total	Technologies, Lited Liability Company)	LC
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
	Israel	(Name of Person)	
		(Firm/Company)	
	9001 1	36th Are. No. (Address)	
		(Address)	20 TAL
	Largo	ity/State and Zin Code)	2008 FEB -4 SECRETARY O LLAHASSEE.
	,(Ci	ity/State and Zip Code)	ASS
	concerning this matter, pleas		ES. D
Ts(a) (Name	d Custro	at (7) 585-1 (Area Code & Daytime Tele	71 PA ST Sphone Number) S
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

American (Must end	Total Tea	hologies, LLI bility Company, "L.L.C.," or "LL	<u>C</u> .c.")
ARTICLE II - Addres The mailing address and		principal office of the Lir	mited Liability Company is
Principal Office Addre	ess:	Mailing Address:	
9001 126th	Are. N.	Same	
ARTICLE III - Regist (The Limited Liability Compan business entity with an active	y cannot serve as its own Reg Florida registration.)	ed Office, & Registered gistered Agent. You must designate registered agent are:	Agent voignature: te an introduction of another TARY OF

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 (REQUIRED)

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	Israel Custro 9001 126th Are. No. Largo Fz 33773
	ZOOB FEB - U POSECRETARY OF TALLAHASSEE, F
(Use attachment if necessary)	TORIDA STATE
	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.
of this document constit that the facts stated he	N O N

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)