L08000006247

(Requestor's Name)				
ZA DESCRIPTION OF THE PROPERTY				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE

A. LUNT

FEB 14 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2008

RONDON PAUL 8710 W. HILLSBOROUGH TAMPA, FL 33615

SUBJECT: INSTALL ALL LIMITED LIABILITY

Ref. Number: W08000005202

SECRETARY OF STATES

We have received your document for INSTALL ALL LIMITED LIABILITY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 308A00006398

COVER LETTER

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DIN	vision of Cor منطقة	porations कार्यकृतिकार्वकार्यकृतिकार			
	الملمما				
SUBJECT:	IIIStali /	All Limited Liability			
		(Name of Limited	d Liability Company)		
The enclose	d Articles of	Organization and fee(s) are su	ubmitted for filing.		
	·=·	ondence concerning this matte	_		
	RONDO	ALL, LLC			
		1)	Name of Person)		
11	NSTALL	ALL LLC			
	· · · · · · · · · · · · · · · · · · ·	(Firm/Company)	ALS 2	
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For further i	nformation c	oncerning this matter, please	call.	≽ ი	
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-10	//		812 707 3	128-	
1000	y 041	5 B V	at (813) 787- 2 (Area Code & Daytime Tele	-500	_
	(Name	of Person)	(Area Code & Daytime Tele	pnone Number)	
Enclosed is	a check for	the following amount:			
	_				_
 \$ 125.00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status		\$160.00 Filing	
	•	Certificate of Status	Certified Copy	Certificate of S Certified Copy	
			(additional copy is enclosed)	(additional copy is	
			•	(,
		Mailing Address	Street/Courier Address		
		Mailing Address Registration Section	Street/Courier Address Registration Section		
		Division of Corporations	Division of Corporations		
		P.O. Box 6327	Clifton Building		
		Tallahassee, FL 32314	2661 Executive Center C	ircle	
			Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:					
1NSTA	ity Company, "L.L.C.," or "LLC.")				
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address:					
	incipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
8710 W Hillsborough Ave	8710 W Hillsborough Ave				
Tampa, Florida 33615	Tampa, Florida 33615				
The name and the Florida street address of the re Access Global Service Name	ces, LLC SEE, FLOF STA				
2224 E COLUMBUS DRIVE Florida street address (P.O. Box NOT acceptable)					
TAMPA, FLORIDA 3	ress (P.O. Box NOT acceptable)				
City, State, a					
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S				

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Rondon Paul 8710 W Hillsborough Avo Tampa, Florida 33615 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ . (OPTIONAL) (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 ponalties of perjury that the facts stated herein are true.) Rondon Paul

ARTICLE IV- Manager(s) or Managing Member(s):

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Typed or printed name of signes

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: