

L09000107732

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H090002364173)))



H090002364173ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FILED
2009 NOV -6 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ALL SOD L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED

09 NOV -6 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT
NOV -9 2009
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALL SOD L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

410 JUNG BLVD-W
NAPLES FL 34120

410 JUNG BLVD W
NAPLES FL 34120

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:

RAMON CARRASCO

Name

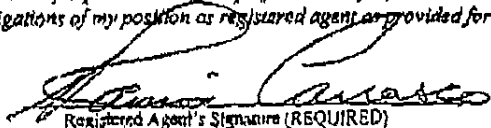
410 JUNG BLVD W

Florida street address (P.O. Box NOT acceptable)

NAPLES, FL 34120

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 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)

(CONTINUED)

2009 NOV - 6 AM 11:32
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGRM:

MIGUEL CANGIO
4371 15TH AVE SW
NAPLES, FL 34116

MGRM:

RAMON CARRASCO
410 JUNG BLVD W
NAPLES, FL 34120

(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 607.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ramon Carrasco
Typed or printed name of signer

2009 NOV -6 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED