

Division of Corporation

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
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Phone : (305) 634-3694  
Fax Number : (305) 633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA/FOREIGN LIMITED LIABILITY CO.  
all in one service and repairs, llc

Certificate of Status	0
Certified Copy	1
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**EXAMINER**

11/30/2009

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ALL IN ONE SERVICE AND REPAIRS, LLC

**ARTICLE II - Address:**

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

12031 SW 4<sup>th</sup> Terrace  
Miami, FL 33184

**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:**

The name and the Florida street address of the registered agent is:

Hilda Diez  
Name

12031 SW 4<sup>th</sup> Terrace  
Florida street address (P.O. Box NOT acceptable)

Miami, Florida 33184  
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.

Hilda Diez  
Registered Agent's Signature

**ARTICLE IV - Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Hilda Diez  
Signature of a member or an authorized representative of a member.

(An additional article must be added if an effective date is requested)

\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

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(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.)

Hilda Diaz, Managing Manager  
Typed or printed name of signer

(In accordance with section 608.40(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 signer

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT / REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED  
AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:  
  
ALL IN ONE SERVICE AND REPAIRS, LLC
2. The name and the Florida street address of the registered agent and office is:

Hilda Diaz

Name

12031 SW 4<sup>th</sup> Terrace

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

Miami, Florida 33184

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.

(Signature)

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