

MAR-11-2012 SUN-0 43 AM

Division of Corporations

P 001

Page 1 of 1

L1000002744

Florida Department of State
Division of Corporations
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.

((H10000056198 3)))



H100000561983ABC/

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

L. SELLERS

MAR 12 2010

From: Account Name : EXPRESS CORPORATE BILLING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

EXAMINER

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

Email Address: _____

RECEIVED

10 MAR 11 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
ALL GROUP SUPPORT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 11 AM 10:52

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION
OF
ALL GROUP SUPPORT, LLC

ARTICLE I

The name of the limited liability company is **ALL GROUP SUPPORT, LLC**

ARTICLE II

The address of the principal office and the mailing address of the limited liability company is:

6843 NW 109 Avenue
Miami, FL 33178

ARTICLE III

The purpose for which this Limited Liability Company is organized is any and all lawful business.

ARTICLE IV

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

ARAGON REGISTERED AGENTS, INC.
255 Alhambra Circle
Suite 500
Coral Gables, FL 33134

Having been named as the 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.

Date: 3/11/10


Registered Agent's Signature

10 MAR 11 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE V

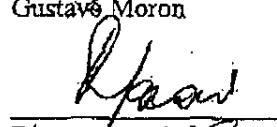
The name and address of each Manager and/or Managing Member is as follows:

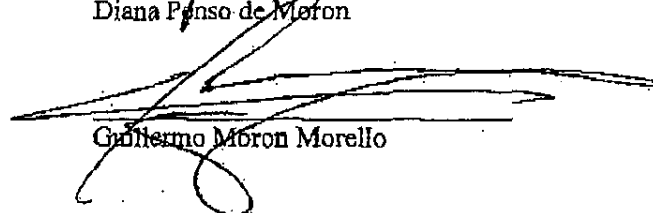
<u>Title:</u>	<u>Name and Address:</u>
Managing Member	Gustavo Moron 6843 NW 109 Avenue Miami, FL 33178
Managing Member	Diana Penso de Moron 6843 NW 109 Avenue Miami, FL 33178
Manager	Guillermo Moron Morello 6843 NW 109 Avenue Miami, FL 33178

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.

Authorized Signee:


Gustavo Moron


Diana Penso de Moron


Guillermo Moron Morello