

MAY-10-2010 13:31  
Division of Corporations

L10000050029

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.**

((H10000113028 3)))



H100001130283ABCQ

**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 : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

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

Email Address: lori@nuhorizons.org

FLORIDA LIMITED LIABILITY CO.  
All Purpose Permits, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED  
10 MAY 10 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 11 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # H10000113028 3

**ARTICLES OF ORGANIZATION  
OF  
All Purpose Permits, LLC**

**FILED**  
10 MAY 10 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the limited liability company shall be: All Purpose Permits, LLC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be:  
6421 SW 163 Ct., Miami, Florida 33193.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Business Filings Incorporated, 1203  
Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of  
Leon.


**ARTICLE IV DURATION**

The duration for the limited liability company shall be: Perpetual.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Members and the names and  
addresses of the members of the Limited Liability Company are:

Orestes Luis, 6421 SW 163 Ct., Miami, Florida 33193  
Lori Luis, 6421 SW 163 Ct., Miami, Florida 33193

  
Business Filings Incorporated, Organizer  
Mark Williams, A.V.P.  
Authorized Representative  
Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,  
WI 53717  
608-827-5300

Date: May 10, 2010

FAX AUDIT # H10000113028 3

**FAX AUDIT # H10000113028 3**

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: All Purpose Permits, LLC

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:   
Mark Williams, A.V.P. Business Filings Incorporated

Date: May 10, 2010

**FILED**  
**10 MAY 10 AM 8:11**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**FAX AUDIT # H10000113028 3**