

L12000100300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

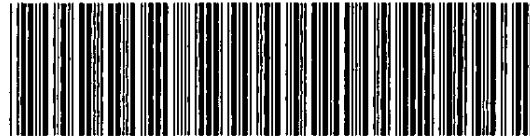
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LAW OFFICES OF  
SKIP BERG, P.A.  
1872 TAMiami TRAIL SOUTH  
SUITE D  
VENICE, FLORIDA 34293

ATTORNEYS AT LAW  
AND  
FLORIDA CIVIL-LAW NOTARY

TELEPHONE  
(941) 493-0871  
FAX (941) 497-6617

July 30, 2012

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: All Jobs, LLC  
Our File No. 11-149

Dear Sir/Madam:

Enclosed is the Articles of Organization and Designation of  
Registered Agent for the above LLC.

Please return to us a certified copy and a Certificate of Status.

Enclosed is a check payable to the Florida Department of State for  
\$160.00.

Thank you.

Sincerely,

*Skip Berg/rp*

Skip Berg

SB/rp

Enclosures

cc: Mr. Omar Bergara

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

ALL JOBS, LLC

(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:

377 Inverness Road  
Venice, FL 34292

#### Mailing Address:

377 Inverness Road  
Venice, FL 34292

### 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:

Omar Bergara

Name

377 Inverness Road

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

Venice

FL 34292

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)

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**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

Omar Bergara

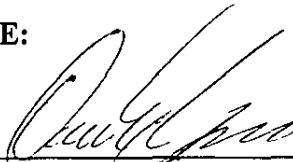
377 Inverness Road

Venice, FL 34292

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: August 1, 2012. (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 penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Omar Bergara

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**