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(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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(850) 245-60\$1.

COVER LETTER

TO:

Registration Section
Division of Corporations

SHR IFCT.

ALL NATIONS REALTY GROUP, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEX BURRLADER

Name of Person

ALL NATIONS REALTY GROUP

Firm/Company

1001 N. FEDERAL HWY SUITE 313

Address

HALLANDALE, FL 33009

City/State and Zip Code

ALBU27@MSN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX BURRLADER

.305

705-0050

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	iskilite. Comment in	
The name of the Limited Li	lability Company is:	
ALL NATIONS REALTY GROUP,	LLC	
(Must end with	the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and str	reet address of the principal office of the Limited Liability Compa	any is:
Principal Office Address:	Mailing Address:	
1001 N. FEDERAL HWY	2221 NE 164TH ST	
SUITE 313	SUITE 1120	
HALLANDALE, FL 33009	NMB, FL. 33160	
(The Limited Liability Company car business entity with an active Flori	d Agent, Registered Office, & Registered Agent's Signature: nnot serve as its own Registered Agent. You must designate an individual or another da registration.) treet address of the registered agent are:	~3
A) EV DI		283
ALEX BURRLADER Name		₹ T
	Pante Pante Programme Prog	<u> </u>
2221 NE 164TH STREET SUITE 1120		-8 ILE
Florida street address (P.O. Box NOT acceptable)		全 ①
NMB 3	3160 _{FL}	D AH 11: 26
-	City, State, and Zip	26
	ristered agent and to accept service of process for the above stated a place designated in this certificate, I hereby accept the appointmen	

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)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managi	ng Member
MGR	ALEX S. BURRLADER
MGRM	ALEX S. BURRLADER
MGRM	SHIMON BURRLADER
-	
(Use attachment if n	ecessary)
	e, if other than the date of filing: (OPTIONAL) d, the date must be specific and cannot be more than five business days e date of filing.)
<u>REQUIRED</u> SIGN	
<u>-</u>	gnature of a member or an authorized representative of a member. Index with section 608.408(3), Florida Statutes, the execution of this document an affirmation under the penalties of perjury that the facts stated herein are true. That any false information submitted in a document to the Department of State
	gnature of a member or an authorized representative of a member.
constitutes I am aware	an affirmation under the penalties of perjury that the facts stated herein are true. that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.)
_	Hex 5. BURLADER Typed or printed name of signee
	i yped 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)