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COVER LETTER

· Division of Corporations	s
All-In Removal LLC	
- SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Organizat	tion and fee(s) are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
Debbie Mowbray	
	Name of Person
Dennis S. Rooker. P.C	<u>.</u> .
	Firm/Company
1421 Sachem Pl., Ste.	3
	Address
Charlottesville, VA 2	
judy@biglick.com	City/State and Zip Code
E-mail add	dress: (to be used for future annual report notification)
For further information concerning t	this matter, please call:
Debbie Mowbray	434 977-7424 at ()
Name of Perso	
Enclosed is a check-for the followi	ing amount:
\$125.00 Filing Fee \$130.00	O Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee. Cate of Status (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corp P.O. Box 6327 Tallahassee, FL	on New Filing Section porations Division of Corporations Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	E I - Name: of the Limited Liability	Company is:				
· ·	of the Elimed Blabinty					
	All-In Removal LLC					
*	(Must contain	n the words "L	imited Liability Co	npany, "L.L.C.," or "LL	C.")	
	E II - Address: ng address and street add	iress of the prin	cipal office of the I	Limited Liability Compa	ny is:	
	Principal	Office Addres	<u>ss</u> :	<u>Mailir</u>	ng Address:	
	3890 SE 148th Terrace	e		3890 SE 148th Terrae		
	Morriston, FL 32668	. <u>[]</u>	·	Morriston, FL 32668	3	
		i				
	E III - Registered Ager ted Liability Company o			ed Agent's Signature: Agent. You must designa	ite an individual or	
	usiness entity with an ac					_
The name	and the Florida street ac	idress of the reg	gistered agent are:		ALL ALL	17 NOV 28
		Reid Nagle			A 21	V .
		Treat agree	Name		188	28
		3890 SE 148ti	h Terrace		in e	圣
			address (P.O. Box	NOT acceptable)		'. ف
		 Morriston	FL	32668		C.
		City	State	Zip		
place desigi further agre	nated in this certificate, lee to comply with the pro	hereby accept i visions of all sta	he appointment as i itutes relating to the	s for the above stated lim registered agent and agre proper and complete per lagent as provided for in	e to act in this capacity formance of my duties,	. <i>I</i>
-			Sill	1		
		1	Registered Agent's	Signature (REQUIRED)	

(CONTINUED)

WGR = Manager MGR Reid Nagle 3890 SE 148th Terrace Morriston, FL 32668 EV: Effective date, if other than the date of filing:	<u>Title:</u> "AMBR" = Authorized Mer	nher	Name and Address:	
(Use attachment if necessary) E. V.: Effective date, if other than the date of filing: Coptional Extremely a specific and cannot be more than five business days prior to or 90 days of filing. Extremely a specific and cannot be more than five business days prior to or 90 days of filing. Extremely a specific and cannot be more than five business days prior to or 90 days of filing. Extremely a specific and cannot be more than five business days prior to or 90 days of filing. Extremely a specific and cannot be more than five business days prior to or 90 days of filing. Extremely a specific and cannot be more than five business days prior to or 90 days of filing. Extremely a specific and cannot be more than five business days prior to or 90 days of filing. Extremely a specific and cannot be more than five business days prior to or 90 days of filing. Extremely a specific and cannot be more than five business days prior to or 90 days of filing requirements, this date will not be more than five business days prior to or 90 days of filing requirements, this date will not be more than five business days prior to or 90 days of filing requirements, this date will not be more than five business days prior to or 90 days of filing requirements, this date will not be more than five business days prior to or 90 days of filing requirements, this date will not be more than five business days prior to or 90 days of filing requirements, this date will not be more than five business days prior to or 90 days of filing requirements, this date will not be more than five business days prior to or 90 days of filing requirements, this date will not be date in the deate of filing: Extremely a specific and cannot be more than five business days prior to or 90 days of filing. Extremely a specific and cannot be more than five business days prior to or 90 days of filing. Extremely a specific and cannot be more than five business days prior to or 90 days of filing. Extremely a specific and cannot be more than five business days p		nder 		
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signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Reid Nagle, Authorized Representative of Member Typed or printed name of signee Filing Fees: \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	(Ose attachment in necessar)	΄Í		
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ARTICLE IV-