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.

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To:		55
	Division of Corporations	SOL.
	Fax Number : (850)617-6381	<u> </u>
		[11]
From:		<u> </u>
	Account Name : LAZARUS CORPORATE FILING SERVICE,	INC. SE
	Account Number : 12000000019	INC. 중함
	Phone : (305)552-5973	5
	Fax Number : (305)675-5944	
	Fax Number : (305)675-5944 the email address for this business entity to be use nual report mailings. Enter only one email address p	

FLORIDA LIMITED LIABILITY CO. ALL AMERICAN IMPACT SYSTEMS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
All American Impact systems LLC.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
10830 Sw 57th terr Miami, FL 33173
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Livited Liability, Company cannot serve as its own Registered Agent. You must designate an individual or another business as ity with an active Florida registration.)
Jonathan Fuster
10830 SW 57th TERR 5
10830 SW 57th TERR 5. 5. Miami Fl. 33173
ARTICLE IV The name and title of each person authorized to manage and control the laimited Liability Company: (MGR or AMBR)
Jonathan Fuster (AMBR)

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), 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.

Typed or printed name of signee

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

Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)