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| (Requestor | 's Name) |
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| | | | |
| SUBJECT | All Paraleg | al Services, LLC | |
| | | Name of Limited Liability Company | |
| | | | |
| The enclos | ed Articles of Orga | nization and fee(s) are submitted for filing. | |
| Please retu | m all corresponder | nce concerning this matter to the following: | |
| | F | Ruth L McMillin | |
| | | Name of Person | · · · · · · · · · · · · · · · · · · · |
| | ΔII | Parella and Country and Country | |
| | | Paralegal Services, LLC | |
| | | Firm/Company | |
| | 1 | 05 10th Avenue | |
| | | Address | |
| | | Vero Beach, FL 32962 | |
| | | | |
| | pa | City/State and Zip Code ; ralegaltemps@att.net | |
| - | | address: (to be used for future annual report notification) | |
| D C | | | |
| ror turther in | formation concern | ing this matter, please call: | |
| | Ruth McMillin | at (772) 321-2364 | |
| _ | Name of P | at (112) 021 2004 | → |
| | 1,000 | erson Area Code Daytime Telephone Number | |
| Enclosed is | a check for the foll | owing amount: | |
| ☑\$125.001 | Filing Fee S | : 130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.0 | O Filing Fee, |
| | Ce | tificate of Status Certified Copy Certificat | e of Status & |
| | : | (additional copy is enclosed) Certified | |
| | | (श्रवधात्रामा | copy is englosed) |
| | Mailing Add | iress Street Address | |
| | New Filing S | | |
| | Division of C | orporations The Centre of Tailahassee | |
| | P.O. Box 633 | 27 2415 N. Monroe Street, Suite \$10 | |
| | Tallahassee, | FL 32314 Tallahassee, FL 32303 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability | ty Company is: | | | |
|---|----------------------------|-----------------|---------------|---------------------------------|
| All Parale | egal Services, LLC | | | |
| (Must cont | ain the words 'Limited | Liability Cor | npany, 'L.L. | C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street ad | ddress of the principal (| office of the I | Limited Liabi | lity Company is: |
| Principa | al Office Address: | | | Mailing Address: |
| Ruth L. McMilli | in | ··· | | Oth Avenue Beach, FL 32982 |
| - | | | | |
| ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a | ctive Florida registration | Registered A | igent. You m | nust designate an individual or |
| | Ruth | L. McMillin | | |
| | | Name | | |
| | 105 10th | Avenue | | |
| | Florida street addres | s (P.O. Box | OT accepta | ble) |
| | Vero Beach | FL | 32962 | |
| | City | State | | Zip |
| aving been named as registered a | Pent and to accept sour | ioo of muo | for all t | and the second |

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

27 HOV 29 PH 1:

| Title: "AMBR" = Ar | uthorized Memb | . 4 - | Name a | nd Address: | | | |
|---|---|---|--|--|---|-------------------------------|----------------|
| "MGR" = Mar | | eci | | | | | |
| AMB | Ř | | Ruth L. Mci | Millin | | | |
| _ | | | 105 10th | | | ···· | |
| | | | Vero Bea | ich, FL 3296 | 2 | | |
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