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(Requestor's Name)	-
(Address)	-
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(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	1
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2006

ANDREW CHAMOW ALL SERVICE MANAGEMENT LLC 420 JERICHO TPKE, STE 232 JERICHO, NY 11753

SUBJECT: ALL SERVICE MANAGEMENT LLC

Ref. Number: W06000018040

We have received your document for ALL SERVICE MANAGEMENT LICE and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State; duly authenticated by the secretary of state or other official having custody of the expression in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The Certified Copy certificate submitted is not acceptable.,

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 706A00025927

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: All Service Manage (Name of Limited Liab	emen + LLC ility Company)
The enclosed "Application by Foreign Limited Liability Co Florida," Certificate of Existence, and check are submitted liability company to transact business in Florida	to register the above referenced foreign limited
Please return all correspondence concerning this matter to t	he following: $\Xi$ S
Andrew Chama (Name of Pe	W CREATE TO
(Name of Pe	rson)
All Service Ma	he following:  W  TSON)  AGGENIAT  AND  AGGENIAT  AND  AND  AND  AND  AND  AND  AND  A
420 Jeriche Tok	- 1
Terich + Ny (City/State and Z	11753
(City/State and Z	(ip Code)
For further information concerning this matter, please call:	
Andrew Chanse W at (Name of Person) (Ar	ea Code & Daytime Telephone Number)
MAILING ADDRESS: STRE	ET ADDRESS:
Division of Corporations Division	on of Corporations
Tallahassee, FL 32314 2661 I	n Building Executive Center Circle assee, FL 32301
Enclosed is a check for the following amount:  \$\Begin{align*} \Boxed{\text{State}} \pm \text{State} & \Boxed{\text{State}} \]  \$\Boxed{\text{State}} \text{State} State	5.00 Filing Fee & \$\Bigsis \$160.00 Filing Fee, Certificate of Status & Certified Conv.

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIAI LIMITEDLIAB								IS SUB	MILIED I	IO REGISTE	K A FO	REIGN
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2. No (Jurisdiction company is	n under the	law of whi	ch foreign l	imited lia	bility 3.	<u> </u>	(FEI	number,	if applica	able)		
company is	organized)					P.	<i>ا</i> الم مدود ـــ ا					
4. 12/3	(Date of	Organizat	ion)		<b>.5.</b> .	(Duration	n: Year li	mited lia	bility com	pany will co	ase to	
	1.											
6N	<u> </u>	(Date fir (See secti	st transacte	ed busines	s in Florid	la, if prior	to registra	ation.)		705	75	
10.	_	(See secti	ons 608.50 —	1 & 608.5	602 F.S. to	determine	penalty i	iability) ノゝ		LCS.		11
7. 421 Jer	2 1	erich	<u> </u>	pre	+	Jte	<u>~</u>	<u>.3~</u>		- <del>-</del>		5
Jer	icho		14		117	53				33S	_==	1
		,	7	(Street A	ddress of	Principal (	Office)			FLS	, œ	
8. If limited	l liability	company	is a man	ager-ma	naged co	mpany,	check he	ere 🔲			: : : : : : : :	
9. The nam	e and usu	al busines	ss address	ses of th	e managi	ing mem	bers or r	manage	ers are as	follows:	•	
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And	rew	Ch	amob	<i>,</i>	420	Je	er.ch	o 1	pke	Sy	te d	32
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10. Attached is the jurisdiction translation of the	s an original under the la	centricate of which	i existence, it is organiz	nomonen zed (Aph	nan 90 day xotocopy is	s oid, outy not accept	aumemica	nea by tr	ie omciai i	naving custo	ry or reco	ords in
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			ndien	<u>,                                     </u>	Chan	OW						
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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

All Service	Management	11	
2. The name and the Florida street ac	<i>f</i>		- B
Robert (	hamow		TALLAR TALLAR
	(Name) W. 18th A	, ,	12 AM
	eet Address (P.O. Box NOT ACC		H 8: 32
Delray Beac	K FL City/State/Zip	33445	

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, Florida Statutes.

(Signature)

The name of the Limited Liability Company is:

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# State of New York Department of State } ss:

I hereby certify, that ALL SERVICE MANAGEMENT, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/30/2005, and that the Limited Liability Company is existing so far as shown by the records of the Department.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 27th day of April two thousand and six.

Special Deputy Secretary of State

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