

PD6000082269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

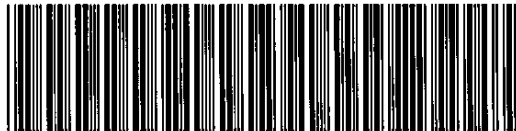
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400076041644

06/15/06--01013--010 **78.75

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

06 JUN 15 AM 10:20

RECEIVED

06 JUN 15 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. WHITE JUN 16 2006

Charter Number Only

VALIDATION ONLY

6/14/04

Cast Management
Requestor's Name
4805 NW 79 Ave # 9
Address
Miami FL 33166
City State ZIP Phone
(305) 593-5151 F

CORPORATION(S) NAME

ALL Solution Properties Management, Inc

- ☒ Profit
() NonProfit
() Foreign
() Limited Partnership
() Reinstatement
☒ Certified Copy of Articles
() Call When Ready
☒ Walk In
- () Amendment
() Dissolution
() Annual Report
() Reservation
() Photo Copies
() Call If Problem
() Will Wait
- () Merger
() Mark
() Other
() Change of Registered Agent
() Certificate Under Seal
() After 4:30
() Mail Out
- ☒ Pick Up

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028

FILED

ARTICLES OF INCORPORATION

06 JUN 15 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WE THE UNDERSIGNED, HEREBY ASSOCIATE OURSELVES TOGETHER FOR THE PURPOSE OF BECOMING A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA PROVIDING FOR THE FORMATION OF A CORPORATION FOR PROFIT WITH THE POWERS, RIGHTS, PRIVILEGES AND IMMUNITIES HEREINAFTER MENTIONED, AND WE HEREBY MAKE, SUBSCRIBE AND ACKNOWLEDGE AND FILE WITH THE SECRETARY OF FLORIDA THESE ARTICLES OF INCORPORATION; AND TO THAT END WE DO, BY THESE ARTICLES, SET FORTH:

ARTICLE I

THE NAME OF THIS CORPORATION (WHICH IS HEREINAFTER CALLED THE "CORPORATION" IS: **ALL SOLUTION PROPERTIES MANAGEMENT, INC**

ARTICLE II

THIS CORPORATION SHALL EXIST PERPETUALLY; CORPORATION EXISTANCE SHALL BEGAIN ON THE DAY UPON WHICH THESE ARTICLES ARE APPROVED BY THE SECRETARY OF THE STATE OF FLORIDA.

ARTICLE III

THE PURPOSE OF THIS CORPORATION IS TO TRANSACT ANY OR ALL LAWFUL BUSINESSES FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER CHAPTER 607 OF THE FLORIDA STATUTES. INCLUDING, BUT NOT LIMITED TO PROPERTY HOLDINGS AND INVESTMENTS.

ARTICLE IV

THIS CORPORATION IS AUTHORIZED TO ISSUE FIVE HUNDRED (500) SHARES OF COMMON STOCK, WHICH SAID SHARES SHALL HAVE A PAR VALUE OF TEN (\$ 10.00) DOLLARS PER SHARE UPON ISSUANCE.

ARTICLE V

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE AT: 15760 SW 69 LANE MIAMI, FL 33193 WITH THE PRIVILEGE OF HAVING BRANCH OFFICES WITHIN AND WITHOUT THE STATE OF FLORIDA.

ARTICLE VI

THE INITIAL REGISTERED AGENT OF THIS CORPORATION UPON WHICH
PROCESS MAY BE SERVED IS: LOUIS F. CAST AND THE INITIAL
REGISTERED OFFICE IS LOCATED AT:
4805 NW 79 AVE # 9 DORAL, FLORIDA 33166

ARTICLE VII

THIS CORPORATION SHALL HAVE ONE DIRECTOR(S) INITIALLY.
THE NUMBER OF DIRECTORS SHALL BE FIXED BY LAW AND MAY BE
CHANGED FROM TIME TO TIME.
THE NAME AND THE STREET ADDRESS OF THE INITIAL DIRECTOR OF THIS
CORPORATION IS:

ADRIA M. LLANES 15760 SW 69 LANE MIAMI, FL 33193 THE AFORSAID
DIRECTORS SHALL HOLD OFFICE FOR THE YEAR OF THIS CORPORATION
EXISTANCE OR UNTIL A SUCCESSOR IS CHOSEN AS PROVIDED FOR IN THE
BY LAWS.

ARTICLE VIII

THE INITIAL OFFICERS OF THIS CORPORATION AND THEIR ADDRESSES
ARE:

PRESIDENT: ADRIA M. LLANES 15760 SW 69 LANE MIAMI, FL 33193

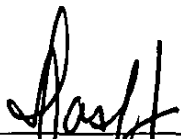
VICE-PRESIDENT: ADRIA M. LLANES 15760 SW 69 LANE MIAMI, FL 33193

SECRETARY: ADRIA M. LLANES 15760 SW 69 LANE MIAMI, FL 33193

TREASURER: ADRIA M. LLANES 15760 SW 69 LANE MIAMI, FL 33193

ARTICLE IX

THE NAME AND STREET ADDRESS OF THE UNDERSIGNED HAS EXECUTED
THESE ARTICLES OF INCORPORATION.



SIGNATURE / TITLE

ADRIA LLANES/ PRESIDENT

FILED

06 JUN 15 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE
STATE OF FLORIDA

1. THE NAME OF THE CORPORATION IS: **ALL SOLUTION PROPERTIES
MANAGEMENT, INC** THE NAME AND ADDRESS OF THE REGISTERED
AGENT IS LOUIS F. CAST AND THE REGISTERED OFFICE IS AT 4805 NW
79 AVE # 9 DORAL , FL 33166

SIGNATURE: _____



ADRIA MLLANES

TITLE: _____

PRESIDENT

DATE: 06/08/06

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE
OF PROCESS FOR THE ABOVE STATED CORPORATION 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.


LOUIS F. CAST