

FEB-14-2012 11:05

From: 3025751642

Page 1 of 1

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

((H12000039673 3)))



H120000396733ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : I20010000112  
Phone : (302) 575-0875  
Fax Number : (302) 575-1642

FILED  
12 FEB 14 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
iMGMT LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

K. SALLY  
EXAMINER  
FEB 15 2012

Electronic Filing Menu

Corporate Filing Menu

Help

R12000039673 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is: **IMGMT LLC**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: **10620 Griffin Road,  
Suite 108  
Cooper City, FL 33328**


**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**Eyal Harel  
10620 Griffin Road,  
Suite 108  
Cooper City, FL 33328**

FILED  
12 FEB 14 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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, F.S.

  
By: **Eyal Harel**

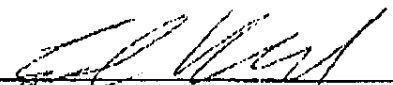
**ARTICLE IV – Management (Check box if applicable.) [ X ]**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

**ARTICLE V – Manager:**

The initial Manager(s) of the Limited Liability Company shall be:

**Eyal Harel**

  
Signature of a member or an authorized representative of a member  
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**Eyal Harel**  
Typed or printed name of signee