L. 6000 500 828 Stephen Crigan 11247 San Jose Blood #208 Jacksonville, F1 32223 Jacksonville, F1 32223

Office Use Only

Examiner's Initials

CORPORATION NAME(S)	& DOCUMENT NUMBER(S)	, (if known):
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1. Intermation Managemer (Corporation Name)	nt Solutions CCC
(Corporation Name)	
2. (Corporation Name)	500031029650 -01/19/0001074006
2	
(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified ASS
Mail out Will wait	Photocopy
NEW FILINGS	AMENDMENTS Amendment Amendment
Profit Not for Profit	Amendment Resignation of R.A., Officer/Directer
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal
Other	Merger $l/2q$
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: Information Management
Solutions, LLC
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is: 11247 San Jose BLvd # 208
Jacksonville, Fl. 32223
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Stephen Czigan
11247 San Jose Blvd. #208
Florida street address (P.O. Box NOT acceptable)
<u>Jacksonville, FL 32223</u>
City, State, and Zip
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, FZ.
SSSI I
- Statur Juga - TO IT
Registered Agent's Signature
Article IV - Management (Check box if applicable.)
The Limited Liability Company is to be managed by one manager or more managers and is.
therefore, a manager - managed company.
(An additional atticle must be added if an effective date is requested)
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.)

FILING FEES:
\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

hen Czigan
Typed or printed name of signee