

L0000000 12046

Req.
Cristaline De Castro
4179 Laurel Ridge Circle
Weston FL 33331

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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****160.00 ****160.00

FILED
00 OCT -3 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100-12046
OK

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 26, 2000

CRISTALINE DECASTO
4179 LAUREL RIDGE CIRCLE
WESTON, FL 33331

SUBJECT: I NOME LTD. CO.
Ref. Number: W00000023328

We have received your document for I NOME LTD. CO. and your check totaling \$160.00. However, the enclosed document has not been filed and being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by member or by the authorized representative of a member.

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

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 500A00050458

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 OCT -3 PM 3:24

FILED

September 18,2000

To whom it may concern:

I nome' Limited Liability Company is members are follows:

Cristaline DeCastro
Owner

4179 Laurel Ridge Circle
Weston Fl 33331

James McCoy
employee

4179 Laurel Ridge Circle
Weston Fl 33331

If you have any questions, please don't hesitate to give me a call at (954) 389-9110 or
(954) 647-7761.

Thank You,

Cristaline DeCastro

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00 OCT - 3 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: I nome Ltd. Co.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

4179 Laurel Ridge Circle
Weston FL 33331

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

Cristaline DeCastro
4179 Laurel Ridge Circle
Name
Weston FL 33331
Florida street address (P.O. Box NOT acceptable)
City, State, and Zip

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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..

Cristaline De Castro

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 article must be added if an effective date is requested)

Cristaline De Castro
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.)

Cristaline De Castro
Typed or printed name of signee

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)