



# L020000017156

ACCOUNT NO. : 072100000032

REFERENCE : 655438 156480A

AUTHORIZATION :

COST LIMIT : \$ 125.00

*Patricia Pigute*

02 JUL -9 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ORDER DATE : July 9, 2002

ORDER TIME : 11:52 AM

ORDER NO. : 655438-005

CUSTOMER NO: 156480A

CUSTOMER: Ms. Kim Hendershot  
Roberts, Seward & Company

400006277254--2

Suite 202  
505 E. Jackson Street  
Tampa, FL 33602

DOMESTIC FILING

NAME: IMAJ PROPERTIES, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115  
EXAMINER'S INITIALS:

RECEIVED  
02 JUL -9 PM 1:03  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

L02-17156  
*OK*

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

IMAS PROPERTIES, LLC**ARTICLE II - Address:**

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

7336 KNIGHTS GRIFFIN ROADPLANT CITY, FL 33565**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

JAMES TROW

Name

7336 KNIGHTS GRIFFIN RD.Florida street address (P.O. Box **NOT** acceptable)PLANT CITY, FL 33565

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, F.S.

BY: XJames Trow

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)

X James Trow  
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.)

JAMES TROW

Typed or printed name of signer

**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)

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