

Division of Corporations

<https://ccfssl.dos.state.fl.us/scripts/efilcovr.exe>

**L02000019166**

RECEIVED

AM 7:20

DIVISION OF CORPORATION

**Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State**

**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.**

((H02000173231 0)))

**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)205-0383

**From:**

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

FILED  
02 JUL 29 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY**

**IMR DEVELOPERS, LLC.**

Name Availability	
Document Examiner	DCC
Updater	DCC
Updater Verifier	
Acknowledgement	DCC
W. P. Verifier	DCC

Certificate of Status	0
Certified Copy	1
Page Count	103
Estimated Charge	\$155.00

**L02000019166**

7/29/02 4:19 PM

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(NAME OF ORGANIZATION IN FULL)

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

THE NAME OF THE ORGANIZATION IS:

IMR DEVELOPERS, LLC.

ARTICLE II

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS ORGANIZATION IS AS FOLLOWS: TO CONDUCT BUSINESS IN, DEVELOPMENT AND CONSTRUCTION OF REAL PROPERTY, INCLUDING FRANCHISES, TRADEMARKS, PATENTS, COPYRIGHTS, LICENSES, IN THE STATE OF FLORIDA AND OTHER STATES AND COUNTRIES.

PREPARED BY: OTHEL TURNER & COMPANY, ACCOUNTANTS.  
5787 WEST SUNRISE BLVD.  
PLANTATION, FL 33313  
(954) 583-2205

02 JUL 29 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ARTICLE III

THE INITIAL POST OFFICE ADDRESS OF THIS ORGANIZATION IS  
5787 WEST SUNRISE BLVD  
PLANTATION, FL 33313

BROWARD COUNTY OF FLORIDA. THE MEMBERS, FROM TIME TO TIME, MAY  
MOVE THE PRINCIPLE OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

ARTICLE IV

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF  
PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT  
FOR SERVICE OF PROCESS.

IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED  
COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA  
WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF  
PROCESS. OTHHEL TURNER'S ADDRESS: 5787 W SUNRISE BLVD, PLANTATION  
FL 33313

02 JUL 29 AM 8:35  
FILED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

ACKNOWLEDGMENT

HAVING BEEN NAMED BY THE ABOVE CORPORATION TO ACCEPT SERVICE OF  
PROCESS DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT  
IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID  
OFFICE OPEN.

BY: 

H02000173231 0

ARTICLE V

THE NAMES AND POST OFFICE ADDRESSES OF THE MANAGER OF ORGANIATION:

JOHN TAYLOR

7080 NW 49<sup>TH</sup> PLACE

LAUDERHILL, FL 33319

MANAGER'S SIGNATURES

(SIGNATURE)

STATE OF FLORIDA )  
COUNTY OF BROWARD) SS

BEFORE ME, THE UNDERSIGNED AUTHORITY, DULY AUTHORIZED TO TAKE OATHS  
AND RECEIVE ACKNOWLEDGMENTS, PERSONALLY APPEARED JOHN TAYLOR  
APPEARED BEFORE ME THE PERSON(S) DESCRIBED AS SUBSCRIBER(S) IN THE  
WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION.

WITNESS MY HAND AND SEAL THIS 29<sup>th</sup> DAY OF July, 2002.

(SIGNATURE OF NOTARY)

NOTARY PUBLIC, STATE OF FLORIDA



Elizabeth C. Foon  
MY COMMISSION # CCB92400 EXPIRES  
December 3, 2003  
BONDED THRU TROY FARM INSURANCE, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JUL 29 AM 8:35

FILED

H02000173231 0