102000021462

SAMORA ERICKSON

166 ALHAMBRA CIRCLE 2nd FL

CORAL GABLES, FL 33134

TEL: (949) 494 8400

HJH:

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REGISTMATION SECTION

DIVISION OF COMPORATIONS

409 E. GATNES ST

TALLAMSSEE, FL 32399

TEL 850245 6051

ATTH: MICHELLE HODGES

PLEASE INCORPORATE MY COMPANY, IMPARTIA"

EFFECTIVE AUGUST 21, 2002 12:30 PM EST.

THANK YOU FOR YOUR TIME AND ASSISTANCE

IM THIS MATTER.

PEGGRIDS, Smile Lucton O2 AUG 21 PM I2: 30
SEUTA FANT STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABI

A DELICATION FOR FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name:	
The name of the second	
The name of the Limited Liability Company is:	
impersia, lic	
ARTICLE II - Address:	
The mailing address and street address and	
668 N. COAST HWY #512 LAGANA BEHAN CA ARTICLE III - Registered Agent Registered Oct.	
(187 121/ 1250A/A Kanal AA	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	
The name and the Florida street address of the registered agent are:	
the registered agent are:	
Sandra Erickson	-
Name	
166 Alhambre Circle FI 2	
Florida street address (P.O. Box NOT acceptable)	
Coral Gables FL 33134	
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 is registered agent as provided for in Chapter 608, F.S.	
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 afficle must be added if an effective date is requested)	
added it all effective date is requested)	
Alle Luther PAR	
Signature of a member or an authorized representative of a member.	
On accordance with costs of a member.	100
(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.)	
that the facts stated herein are true.)	ere Z
	7
DAMONA EXICKEDY	ê
SAMONA Exickson Typed or printed name of signee	
List .	

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)