

**L03000010158**

FILED

03 MAR 20 AM 10: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

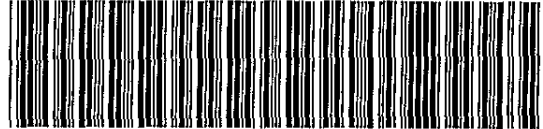
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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03/20/03--01021--005 \*\*125.00

**AL**

VANDERPOOL, FROSTICK & NISHANIAN, P.C.

ATTORNEYS AT LAW  
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FAX 703-369-3653  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 18, 2003

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

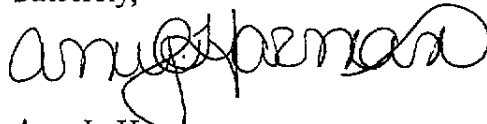
Re: Articles of Organization  
IBRC Transfer Company, LLC

Dear Sir or Madam:

Enclosed are the Articles of Organization for the above-referenced entity to be filed with your office. Also enclosed is a check in the amount of \$125.00 to cover the requisite filing fees.

If you have any questions or concerns, please do not hesitate to contact me. I appreciate your assistance in this matter.

Sincerely,



Amy L. Harman

Enclosures

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
IBRC Transfer Company, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
13295 60th Street South  
Wellington, Florida 33467

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

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

Robert M. Kohn

Name

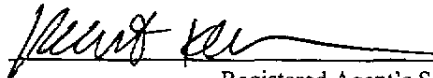
13295 60th Street South

Florida street address (P.O. Box **NOT** acceptable)


Wellington, FL 33467

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.*

  
Registered Agent's Signature

(An additional article 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.)

Robert M. Kohn

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)