

L04000000/581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

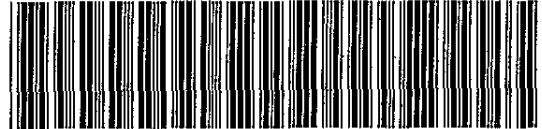
(Business Entity Name)

(Document Number)

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FILED  
2003 DEC 31 AM 8:38  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

2008 DEC 31 AM 8:38  
FILED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**SUBJECT:** INTERNET MARKETING & CONSULTING SOLUTIONS, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IKE C. OKEKE

(Name of Person)

(Firm/Company)

SUITE 219, 8405 N. HIMES AVE

(Address)

TAMPA, FLORIDA 33614

(City/State and Zip Code)

For further information concerning this matter, please call:

IKE C. OKEKE

(Name of Person)

at (813) 932-1700

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

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

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

FILED  
2003 DEC 31 AM 8:38  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
INTERNET MARKETING & CONSULTING SOLUTIONS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

8405 N. HIMES AVE  
SUITE 219  
TAMPA, FLORIDA 33614

**Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

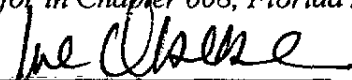
The name and the Florida street address of the registered agent are:

IKE C. OKEKE  
Name

8405 N. HIMES, SUITE 219  
Florida street address (P.O. Box NOT acceptable)

TAMPA, FLORIDA 33614  
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, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

FILED  
2009 DEC 31 AM 8:38  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

IKE C. OKEKE (MGRM)

8402 OAKWOOD TREE CT  
#102  
TAMPA, FLORIDA 33614


VICTOR OBI-ANADIUME (MGRM)

6567 SPANISH MOSS CIRCLE  
TAMPA, FLORIDA 33625

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
**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.)

IKE C. OKEKE

\_\_\_\_\_  
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)