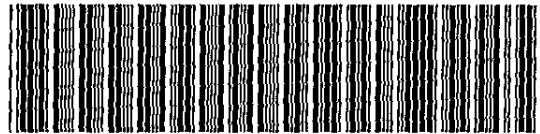


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04 JAN -5 10:10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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AL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

2500 N. Military Trail # 260, Boca Raton, Florida 33431
Tel (561) 953-1050 • Fax (561) 953-1940

FILED

**Arnold S. Goldstein &
Associates, LLC**

04 JAN -5 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 29, 2003

Registration Section
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: IMPERVATRON, LLC

We are enclosing a check in the amount of \$125 as filing fees for the Florida Limited Liability Companies. The Articles of Organization form is filled out and signed.

We want the company to be dated after 1/1/04 for accounting purposes.

All correspondence should be through our office. Thank you.

Sincerely,

Barbara P. Schwartz

Barbara P. Schwartz

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

04 JAN -5 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:

IMPERVATRON, 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:

Michael Langone

(Name of Person)

IMPERVATRON, LLC

(Firm/Company)

449 Poinciana Blvd.

(Address)

Hallendale FL 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Langone

(Name of Person)

at (954) 920-1230

(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

FILED

04 JAN -5 AM 10:

SECRETARY OF STA
TALLAHASSEE, FLO:

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IMPERVATRON, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

449 Poiciansa Blvd

Hallendale FL 33008

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

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

Michael Langone

Name

449 Poiciansa Blvd.

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

Hallendale FLORIDA 33009

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..

Michael Langone

Registered Agent's Signature

FILED

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

04 JAN -5 AM 10: 08

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Michael Langone
449 Poinciana Blvd
Hallendale FL 33009

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Michael Langone

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.)

Michael Langone

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)