

W04000079713

00789-02595-00671

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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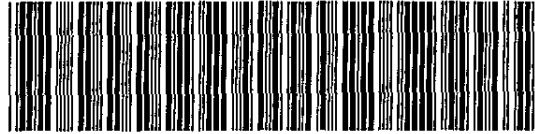
Certificates of Status 1

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MICHIGAN

W04-37436

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Imagine Ltd.
(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:

Kelly Varsames
(Name of Person)

Imagine Ltd.
(Firm/Company)

7311 Pelican Island Dr.
(Address)

Tampa FL 33634
(City/State and Zip Code)

For further information concerning this matter, please call:

Kelly Varsames at (813) 806-5432
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 11, 2004

KELLY VARSAMES
IMAGINE LTD.
7311 PELICAN ISLAND DR.
TAMPA, FL 33634

SUBJECT: IMAGINE LTD.
Ref. Number: W04000037436

We have received your document for IMAGINE LTD. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 204A00058694

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Imagun Ltd. Co.~~ Imagun Ltd. Co.

ARTICLE II - Address:

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

Principal Office Address:

7311 Pelican Island Dr.
Tampa, FL 33634

Mailing Address:

7311 Pelican Island Dr.
Tampa, FL 33634

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

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

Kelly Varsames
Name

7311 Pelican Island Drive
Florida street address (P.O. Box **NOT** acceptable)

Tampa, FL FLORIDA 33634
City, State, and Zip

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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..

Kelly Varsames
Registered Agent's Signature

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:

MGRM

Kelly Varsames
7311 Pelican Island Dr.
Tampa FL 33634

(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.)

Kelly Varsames

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)**