

L040000081350

(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



000042419640

11/08/04--01019--019 **130.00

FILED
2004 NOV - 8 PM 1:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN NOV 10 2004

THE OSTLER LAW FIRM LTD.

November 4, 2004

James P. Ostler, Jr.
Attorney At Law

Via Express Mail

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

Re: IMCOMEX, LLC

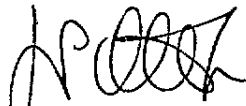
Dear Sir/Madam:

On behalf of the organizers of IMCOMEX, LLC, enclosed please find the following:

1. "Articles of Organization for Florida Limited Liability Company" and accompanying Transmittal Letter – both duly completed and executed, and accompanied by a cashier's check payable to the Florida Department of State in the amount of \$130.00 for the filing fee and certificate of status.
2. "Articles of Merger" – duly completed and executed, by which the organizers currently existing Illinois LLC shall be merged into their newly formed Florida LLC, accompanied by a cashier's check payable to the Florida Department of State in the amount of \$25.00 for the filing fee.
3. "Application for Registration of Fictitious Name" – duly completed and executed, accompanied by a cashier's check payable to the Florida Department of State in the amount of \$60.00 for the filing fee and certificate of status.

Should you have any questions, or require anything further, please advise the undersigned. Thank you, in advance, for your assistance.

Very truly yours,
THE OSTLER LAW FIRM LTD.



James P. Ostler, Jr.

JPO:kc
Enclosures

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMCOMEX, L.L.C.
(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:

James P. Ostler, Jr.

(Name of Person)

THE OSTLER LAW FIRM LTD.

(Firm/Company)

208 S. LaSalle St., Suite 1200

(Address)

Chicago, IL 60604

(City/State and Zip Code)

For further information concerning this matter, please call:

James P. Ostler, Jr.

(Name of Person)

at (

312)

541-1800

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|----------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|----------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|

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
2004 NOV -8 PM 1:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IMCOMEX, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

5458 Oakmont Village Circle
Lake Worth, FL 33463

Mailing Address:

5458 Oakmont Village Circle
Lake Worth, FL 33463

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

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

~~XXXX XXXXX~~ Gerardo Talavera
Name

5458 Oakmont Village Circle
Florida street address (P.O. Box **NOT** acceptable)

Lake Worth FL 33463
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

(CONTINUED)

FILED
2004 NOV -8 PM 1:25
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:

MGRM

Gerardo Talavera

5458 Oakmont Village Circle

Lake Worth, FL 33463

MGRM

Karen Talavera

5458 Oakmont Village Circle

Lake Worth, FL 33463

FILED
2004 NOV -8 PM 1:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

(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.)

Karen Talavera

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)