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# Florida Department of State
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

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DIVISION OF CORPORATION

# LIMITED LIABILITY COMPANY

## WEBBER IMS, LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | ~~02~~ 03 |
| Estimated Charge | $125.00 |

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

WEBBER IMS, 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:** |
|---|---|
| 1913 South Olive Ave. | 1913 South Olive Ave. |
| West Palm Beach, FL 33430 | West Palm Beach, FL 33430 |

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

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

Miroslaw Wierzbicki
Name

1913 South Olive Ave.
Florida street address (P.O. Box NOT acceptable)

West Palm Beach FL 33430
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

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**(CONTINUED)**

**ARTICLE IV- Manager(s) or Managing Member(s):**
The name and address of each Manager or Managing Member is as follows:

| **Title:** | **Name and Address:** |
|---|---|
| "MGR" = Manager<br>"MGRM" = Managing Member | |
| MGR | Miroslaw Wierzbicki<br>1913 South Olive Ave.<br>West Palm Beach, FL 33430 |
| | |
| | |
| | |

(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.)

MIROSLAW WIERZBICKI
Typed or printed name of signer

**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)**

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