

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

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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

## LIMITED LIABILITY COMPANY

Inmar Group, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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J. BRYAN JUL 29 2005

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2005 JUL 28 AM 9:25  
FILED  
TALLAHASSEE, FLORIDA**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Inmar Group, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**10185 Collins Avenue, Suite 220  
Bal Harbour, FL 33514**Mailing Address:**10185 Collins Avenue, Suite 220  
Bal Harbour, FL 33514**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Azucena Castaneda

Name

10185 Collins Avenue, Suite 220Florida street address (P.O. Box **NOT** acceptable)Bal Harbour,FL33514

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**BlumbergExcelsior**

(CONTINUED)

62 White Street  
New York, NY 10013

Page 1 of 2

H050001813503

H050001813503

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

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

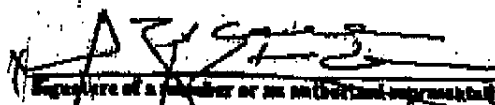
**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMAzucona Castaneda10185 Collins Avenue, Suite 220Bel Harbour, FL 33154      

(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, 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.)

Azucona Castaneda

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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