

Jun 28 2006

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Division of Corporations

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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : 120010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

FLORIDA/FOREIGN LIMITED LIABILITY CO.

IMAGERA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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TALLAHASSEE, FLORIDA

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

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:  
IMAGERA LLC

**ARTICLE II ADDRESS**

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

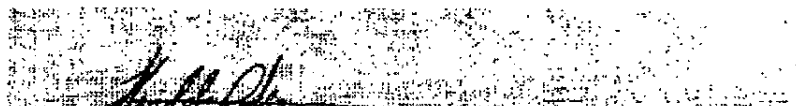
5222 S. ESTATE RD 7  
HOLLYWOOD FL 33314

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

HILDA AVILES  
5222 S. ESTATE RD 7  
HOLLYWOOD FL 33314

Having been named as registered agent 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..

  
HILDA AVILES Registered Agent's Signature

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one members and is, therefore, a Member-Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

HILDA AVILES

5222 S. ESTATE RD 7

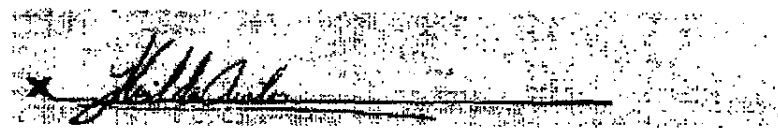
HOLLYWOOD FL 33314

MANAGING MEMBER

RUBEN AVILES

5222 S. ESTATE RD 7

HOLLYWOOD FL 33314



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.

NAME OF SIGNER HILDA AVILES

Typed or printed name of signee

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