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COVER LETTER

	ion Section of Corporations			
SUBJECT:	Ipex, LLC	d Liability Company)		
	(Name of Limited	d Liability Company)		
The enclosed Artic	cles of Organization and fee(s) are s	ubmitted for filing.		
Please return all co	orrespondence concerning this matte	r to the following:		
	Aon Levy	Name of Person)		_
	, 0	Name of Person)		
	IPEX, LLC	Firm/Company)		_
	,	Firm/Company)		
173	31 NW 124 C	vay ·		-
_		(Address)		
<u> </u>	ral Springo (City	FL 33071		~
	(On)	outo and Dip Code)		
For further inform	nation concerning this matter, please	call:		
Plon	(Name of Person)	at (954) 757	-7666	
	(Name of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a che	eck for the following amount:		SECRE TALLAH	er er er
≾ (\$125.00 Filing	Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	2 190 0000 2 190 0000 2 190 0000
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
TPEX, LLC (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1731 NW 124 Way Coral Springo FL 33071	Coal Springs FL 13307
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
- Ron Leve	7 SEC
	24 Urouy SAR I T
City, State, at	ess (P.O. Box NOT/acceptable) GFL PC 33071 Id Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	re (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing M	Name and Address:
M&R	1731 NW 124 Way Coral Springo FC 33071
MGRM_	Galeet Levy 1731 NW 124 Way Coral Sprage = L 3307 1
(Use attachment if necess	
LE V: Effective date, if o	her than the date of filing: (OPTION late must be specific and cannot be more than five business d
LE V: Effective date, if of fective date is listed, the	ther than the date of filing: (OPTION late must be specific and cannot be more than five business days)
LE V: Effective date, if of fective date is listed, the days after the date of file REQUIRED SIGNATU	ther than the date of filing: ARE: COPTION
LE V: Effective date, if of fective date is listed, the days after the date of file REQUIRED SIGNATURED SIGNATURES (In accoof this details of this details of the date of this details of the date of this details of the date.	ther than the date of filing:
LE V: Effective date, if of fective date is listed, the days after the date of file REQUIRED SIGNATURED SIGNATURES (In accoof this details of this details of the date of this details of the date of this details of the date.	ther than the date of filing:

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)