

FROM: CLARKSON VENTURES, INC.

FAX NO: 623 465 8643

08/10/2006 05:18 PM P2

L06000079281

Florida Department of State  
Division of Corporations  
FIDUCIARIA ALTERNATIVA

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H060001971823)))



H060001971823ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : CLARKSON VENTURES, INC.  
Account Number : 120030000026  
Phone : (622)465-8636  
Fax Number : (623)465-8640

RECEIVED  
06 AUG 10 PM 12: 04  
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

L.M.S. LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Handwritten initials/signature

Electronic Filing Menu Corporate Filing Menu Help

06 AUG 10 AM 10: 23

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

H060001971823

4060001971823

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

I.M.S. LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1380 J D Miller Rd

Santa Rosa Beach Florida, 32459

**Mailing Address:**

1380 J D Miller Rd

Santa Rosa Beach Florida, 32459

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

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

Michael F. Shuber

Name

1380 J D Miller Rd.

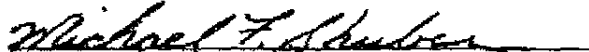
Florida street address (P.O. Box NOT acceptable)

Santa Rosa Beach,

FLORIDA 32459

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, Florida Statutes..*

  
Registered Agent's Signature

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 AUG 10 AM 10:24

**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

Michael F. Shuber

1380 J D Miller

Santa Rosa Beach Florida,, 32459

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Michael F. Shuber  
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.)

Michael F. Shuber  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 AUG 10 AM 10:24