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(Re	equestor's Name)	*
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Namo	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973	Office Use Only BER(S), (if known):
'	Office Use Only
CORPORATION NAME(S) & DOCUMENT NUM	BER(S), (if known):
1. IMPERIAL TITLE GROUP	7 - Ca 5
(Corporation Name) (I	Document #)
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3. (Corporation Name) (I	Document #)
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4. (Corporation Name) (1	. IX
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Walk in Pick up time 2.00	Certified Copy
☐ Mail out ☐ Will wait ☐ Photos	Copy Certificate of Status
NEW FILINGS AMEND	<u>MENTS</u>
Profit	ndment
Not for Profit Resi	gnation of R.A., Officer/Director
	nge of Registered Agent
Domestication Diss Other Mer	olution/Withdrawal
— Sales	gei
OTHER FILINGS REGIST	RATION/QUALIFICATION
Annual Report	, ion
	ted Partnership
	statement
Trac	emark
- Other	

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	PO E
The name of the Limited Liability Company is:	20 6
Im PERIAL TITLE (Must end with the words "Limited Liability Company, "Limited	GROUP LLC Groupany" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9825 Sw 73 st Midni F1. 33123	SAME.
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	
MARION GA	4 R. CÎA .
Name	_
9825 SW 7	3 st, Mi4mi, FC, 33173 ress (P.O. Box NOT acceptable)
	FL 33/73 nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all

egistered agent and agree to act in this capacity. I further agree to comply with the provisions of a 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

"MGRM" = Managing Member	Name and Address:
MER	MARLOW GARCIA
• , • • •	9825 Sw 73 5T MIAMI, FC, 33173
6RM	NORMAN DE CACE
	10611 SW 128 AU MIAMI, FC, 33/76
(Use attachment if necessary)	
•	n the date of filing: (OPTION
fective date is listed, the date mi	ust be specific and cannot be more than five business d
fective date is listed, the date mudays after the date of filing.)	ust be specific and cannot be more than five business d
fective date is listed, the date mudays after the date of filing.)	ust be specific and cannot be more than five business d
fective date is listed, the date middays after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business d
days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance w of this document	Med

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)