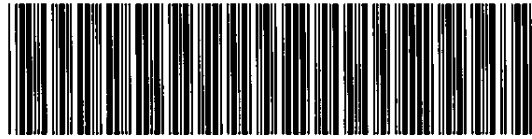


L06000114651



200081817192

12/01/06--01005--016 **78.75

11/28/06--01037--007 **76.25

FILED RECEIVED
06 NOV 30 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
06 NOV 28 AM 10:47

(Requestor's Name)

(Address)

(Address)

CF-78.75

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W0600051531~~
BK

Office Use Only

CORRECTAL

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip Phone #

06 NOV 30 PM 3:05
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. I.M.S., LLC
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

- Walk in
- Pick up time _____
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
06 NOV 28 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 28, 2006

EXPRESS CORPORATE FILING

TALLAHASSEE, FL

SUBJECT: I.M.S., LLC
Ref. Number: W06000051531

We have received your document for I.M.S., LLC and your check(s) totaling \$76.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$76.25 payment.

The TOTAL AMOUNT required to file an LLC and to obtain a certified copy is \$155.00.

Please resubmit your filing with an ADDITIONAL \$78.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 006A00068452

RECEIVED
06 NOV 30 AM 10:31
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

6875 W 7TH AVE
APT#604
HIALEAH, FL 33014

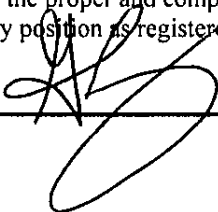
FILED
06 NOV 30 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article III – Registered agent, Registered Office & registered Agent’s Signature:

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

IVAN GONZALEZ
6875 W 7TH AVE
APT#604
HIALEAH, FL 33014

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 obligation of my position as registered agent as provided for in chapter 608, F.S.

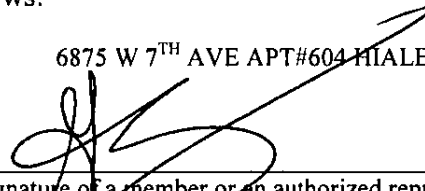


Registered Agent’s Signature

Article IV – Management

This limited liability company is to be managed by two managers, whose name and address are as follows:

IVAN GONZALEZ 6875 W 7TH AVE APT#604 HIALEAH, FL 33014 100



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.)

IVAN GONZALEZ

Typed name of Member