

JAN-23-2007

15:47

EMPIRE

07000008349

Florida Department of State  
Division of Corporations  
Public Access System

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.

((H07000020137 3)))



H070000201373ABCU

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 : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 JAN 23 AM 9:04

FILED

RECEIVED

07 JAN 23 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

api imagination, llc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

07-8349  
OK

H07000020137

③

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

API Imagination, LLC**ARTICLE II - Address:**

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

Principal Office Address:3350 SW 148 AvenueSuite 110Miramar, FL 33027Mailing Address:15841 Pines Boulevard# 242Pembroke Pines, FL 33027**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Stephanie Cabanas

Name

15841 Pines Blvd, #242Florida street address (P.O. Box NOT acceptable)Pembroke Pines FLORIDA 33027

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..

Stephanie Cabanas

Registered Agent's Signature

H07000020137

2007 JAN 23 AM 9:04  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

H07000020137

**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:**MGRAmerican Pinnacle, Inc.15841 Pines Boulevard #242Pembroke Pines, FL 33027

(Use attachment if necessary)

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

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.)

Sergio Cabanas

Typed or printed name of signer

Sergio Cabanas  
PresidentAmerican Pinnacle, Inc.  
Manager for APL Imagination, LLC**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)

H07000020137

2007 JAN 23 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED