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(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		b		

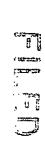




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07 FEB 14 pr 10: 27
SECRETARY OF STATE
TALLAHASSEF FLORIDA



COVER LETTER

TO: Registration S Division of Co				
SUBJECT: Imped		d Liability Company)		
	(Hattle of Ellinic	a Eleonity Company)		
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Dawn An	derson/ on behalf	f of Incorp Service	es. Inc	
		Name of Person)		
Incorp Se	ervices, Inc.			
		(Firm/Company)		
3155 East Patrick Lane · Suite 1			07	
		(Address)	22 22 EM]FEE
Las Vegas, NV 89120-3481			11 8	
	(City	/State and Zip Code)	mo mo	2
For further information	concerning this matter, please	call:	OF STATE E FLORIDA	FEB 14 pu 10: 27
Dawn Anderso	on	at (702) 866-2	500	
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for	or the following amount:			
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status of Certified Copy (additional copy is enclosed)	&
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Co	ompany is:	
Impecunium I LLC		
Must end with the words "Limited Liability Cor	mpany, "Limited Company" or their abbreviation "L	LC," or "L.C.,")
ARTICLE II - Address:		
The mailing address and street addre	ess of the principal office of the Limited	l Liability Company is:
Principal Office Address:	Mailing Address:	
PMB 254, 1323 SE 17 th Street Fort Lauderdale, FL 33316	Fort Lauderdale F	
	Registered Office, & Registered Ages is its own Registered Agent. You must designate an in on.)	
The name and the Florida street addr	ess of the registered agent are:	TECR T
Inc	orp Services, Inc.	RETAR AHAS
	Name	
178	17888 67th Court North	
Flor	rida street address (P.O. Box NOT acceptable)	B I I DU 10: 27 HASSEE FLORIDA
Loxchate	chee FL 33470	DE 1
	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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

MGRM

Barry B Viljoen

PTOB 254 1323 SE 17th St

Fort Loudercode FL 33316

MGRM

Jacqueline E King

PMB 254 1323 SE 17th St

Fort Laudercode, FL 33316

ALLOHER ART SEE OF SEE

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Barry B VI joen.
Typed or printed name of signes

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)