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(Requestor's Name)	
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(City/State/Zip/Phone #)	
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DIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration Se Division of Co				
SUBJ	ECT: Image	Assets Staged Homes			
		(Name of Limited	d Liability Company)		
The en	nclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
	Denise Ca	rbone Wilterding			<u>.</u>
		0	Name of Person)		
	Image Ass	ets Staged Homes, I	LLC		
	***************************************	(Firm/Company)		
	530 Given	s St			07 HAR 23 AN 10:
			(Address)		弄
	Sarasota,	FL 34242			23 23
		(City.	/State and Zip Code)		至
For fu	orther information	concerning this matter, please	call:		07 HAR 23 AH 10: 28
Den	ise Carbone	Wilterding	at (941) 346-347	0	
	(Name	of Person)	(Area Code & Daytime T	elephone Number)	
Enclo	osed is a check for	or the following amount:			
\$12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓ \$160.00 Filing Certificate of Statu Certified Copy (additional copy is enc	ıs &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

is:	
mited Company" or their abbreviation "I.C." or	
inted Company of their aboreviation LLC, of	L.C.,)
principal office of the Limited Liabil	lity Company is:
Mailing Address:	
530 Givens St	
Sarasota, FL 34242	
egistered Agent. You must designate an individual	
me	07 07
	SECRE TARE
	8 4 E A A A A A A A A A A A A A A A A A A
address (P.O. Box NOT acceptable)	ယ
FL te, and Zip	AN IO:
to accept service of process for the abo in this certificate, I hereby accept the a acity. I further agree to comply with the performance of my duties, and I am fa egistered agent as proyided for in Chap	ove state dimited provintment as a line provisions of all miliar with and
	principal office of the Limited Liabil Mailing Address: 530 Givens St Sarasota, FL 34242 red Office, & Registered Agent's Sigistered Agent. You must designate an individual eregistered agent are: Interpolation of the Limited Liabil Mailing Address: 530 Givens St Sarasota, FL 34242 red Office, & Registered Agent's Sigistered Agent. You must designate an individual eregistered agent are: Interpolate agent are: Interpolate accept service of process for the above in this certificate, I hereby accept the agent in this certificate, I

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Mer	mber
MGR	Denise Carbone Wilterding
	530 Givens St
	Sarasota, FL 34242
MGR	Karen Stevens
	509 Turner Lane
	Bradenton, FL 34212
	07 MAR 23
	\(\sigma_{\text{q}} \)
	23 AM 10: 29
	er than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prio
CLE V: Effective date, if oth effective date is listed, the date	er than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days priog.)
CLE V: Effective date, if othe effective date is listed, the date to days after the date of filing REQUIRED SIGNATUR Gignature (In accordance of this document)	er than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prio B: AND
CLE V: Effective date, if othe effective date is listed, the date of days after the date of filing REQUIRED SIGNATUR Signature (In accordate of this document of this document of the date of the da	er than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prior E: of a member of an authorized representative of a member. ance with section 608.408(3), Florida Statutes, the execution nument constitutes an affirmation under the penalties of perjury

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)