

LU80000030034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

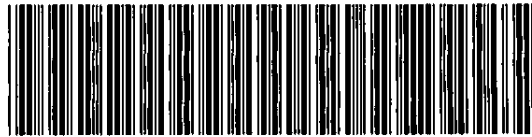
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/25/08--01039--003 \*\*155.00

RECEIVED  
08 MAR 25 AM 11:22  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 MAR 25 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

MAR 25 2008

EXAMINER

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/ST/Zip

850-222

Phone #

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1- IMD REALTY, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

#### NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

<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

Examiner's Initials

**ARTICLES OF ORGANIZATION  
FOR  
IMD REALTY, LLC  
A Florida Limited Liability Company**

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

**ARTICLE I  
Name**

The name of this Company shall be **IMD REALTY, LLC.**

**ARTICLE II  
Duration**

The term of existence of the Company shall be perpetual.

**ARTICLE III  
Mailing and Street Address**

The mailing and street address of the Company is 141 5<sup>th</sup> St. NW, Winter Haven, FL 33881.

**ARTICLE IV  
Registered Agent and Office**

The name and street address of the initial registered agent and office for this Company is as follows: Kerry M. Wilson, 141 5<sup>th</sup> St. NW, Winter Haven, FL 33881.

**ARTICLE V  
Admission of Additional Members;  
Terms and Conditions of such Admissions**

Additional Members may be admitted upon unanimous consent of the Members of the Company, upon the written application of such new Member, in the manner set forth in the Operating Agreement of this Company and in accordance with applicable law.

**ARTICLE VI  
Management of Company**

The Company is to be a member managed company.

**ARTICLE VII  
Amendment of Articles of Organization**


Any amendment to these Articles of Organization shall be on such form prescribed by the Secretary of State of the State of Florida containing such terms and provisions consistent with Chapter 608, Florida Statutes, as shall be prescribed by the Department of State, and shall be signed and sworn to by all Members of the Company. In the event a new Member is added by such amendment, it shall be also signed by the Member to be added.

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**ARTICLE VIII**  
**Transferability of Member's Interest**


An interest of a Member of this Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement of the Company and in accordance with applicable law.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand this 23<sup>rd</sup> day of March, 2008.

  
\_\_\_\_\_  
Kerry M. Wilson, the Authorized Representative of  
a Member of the Company

**STATEMENT OF REGISTERED AGENT**


Having been named as Registered Agent and to accept service of process for the above-stated limited liability company, 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 in Chapter 608, Florida Statutes.

  
\_\_\_\_\_  
Kerry M. Wilson

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 23<sup>rd</sup> day of March, 2008, by **Kerry M. Wilson**, who is personally known to me or produced \_\_\_\_\_ as identification.

(SEAL)  **Patsy L. King**  
Commission # DD475958  
Expires October 19, 2009  
Bonded Troy Pain - Insurance, Inc. 800-385-7019

  
\_\_\_\_\_  
NOTARY PUBLIC  
\_\_\_\_\_  
Print Name of Notary

My Commission Expires: