

**LO800091292**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet **YCP**

**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.**

((H08000223563 3)))



H08000223563ABCS

**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) 617-6383

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 SEP 25 AM 8:47

FILED

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**IMPERIAL K, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED  
08 SEP 25 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Imperial K, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

6 Parker Court

South Amboy, NJ 08879

**Mailing Address:**

6 Parker Court

South Amboy, NJ 08879

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

BlumbergExcelsior Corporate Services, Inc.

Name

515 East Park Avenue

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL

32301

City, State, and Zip

FILED  
08 SEP 25 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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

Jose Mojica, Assistant Secretary

(CONTINUED)

**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:**

MGR

Dominick Pavone

8 Parker Court

South Amboy, NJ 08879

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

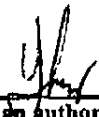
\_\_\_\_\_

\_\_\_\_\_

(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.)

Yvelisse Cruz, Organizer

Typed or printed name of signer

**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)**

FILED  
08 SEP 25 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA