FROM :EZ ACCT Evision 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. (((H09000196910 3))) 09 SFP H090001969103ABC2 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 : (850) 617-6383 Fax Number AH 8: V From: : EZ ACCOUNTING & TAX SERVICE, INC. Account Name Account Number : T19980000019 : (954)785-3855 Phone : (954)785-2564 Fax Number

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

# IMPEX LINE LLC.

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

### Of

#### IMPEX LINE LLC.

#### Article 1.

The name of the Limited Liability Company is IMPEX LINE LLC.

## Article 2

The mailing address and street address of the principal office of the Limited Liabi Company is: 202 BELMONT LANE, NORTH LAUDERDALE, FL 33068.

#### Article 3

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

MICHAEL KERLEW 2213 E. ATLANTIC BLVD., POMPANO BEACH, FL 33062. 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 appointments 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.

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MICHAEL KERLEW CPA EZ ACCOUNTING & TAX SERV 2213 E. ATLANTIC BLVD. POMPANO BEACH, FL 33062

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# Article 4

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.

The name and street address of the manager(s) (MGR) or Managing Member(s) (MGRM) is as follows:

Name SELCUK OZDENCANLI Office Held

ADDRESS: 202 BELMONT LANE, NORTH LAUDERDALE, FL 33068

**REQUIRED SIGNATURE:** 

Signature of 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)

MICHAEL KERLEW

Typed or printed name of signee

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