

L10000005483

Florida Department of State
Division of Corporations
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.

((H10000009624 3)))



H100000096243/ABCW

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 : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904) 359-2000
Fax Number : (904) 359-8700

L. SELLERS
JAN 15 2010
EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: CSCHIRALDI@IMPRL.COM

**FLORIDA/FOREIGN LIMITED LIABILITY CO.
IMPERIAL ANNUITIES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

RECEIVED
10 JAN 14 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
10 JAN 14 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

Fax Audit No. H10000009624 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I – Name:**The name of the Limited Liability Company is: **IMPERIAL ANNUITIES, LLC.****ARTICLE II – Address:**The mailing address and street address of the principal office of the Limited Liability Company are:
701 Park of Commerce Boulevard, Suite 301, Boca Raton, Florida 33487.**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

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

Capitol Corporate Services, Inc.

Name

155 Office Plaza Drive, Suite AFlorida street address (P.O. Box **NOT** acceptable)**Tallahassee, FL 32301**

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 completed 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.

Capital Corporate Services, Inc.By: Gayle Windle

Gayle Windle, Assistant Secretary

(An additional article must be added if an effective date is requested)

XSignature 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.)

Robert S. Bernstein, Authorized Representative

Typed or printed name of signer

FILING FEES:**\$100.00 Filing Fee for Articles of Organization****\$25.00 Designation of Registered Agent****\$30.00 Certified Copy (OPTIONAL)****\$5.00 Certificate of Status (OPTIONAL)**

JACK_1716915.1

Fax Audit No. H10000009624 3

FILED
10 JAN 14 AM 10:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA