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SLORETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE

MAY - 4 2010

**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co							
SUBJ	ECT: IP ENT	ERPRISE HOLDINGS, Name of Limit	LLC ed Liability Company			· · · · · · ·		
The er	closed Articles of	of Organization and fee(s) are	submitted for filing.					
Please	return all corresp	pondence concerning this mat	ter to the following:					
	Michael Gors	en						
			Name of Person					
	Law Offices of	of Michael Gorsen, P.A.						
			Firm/Company					
	2202 N. West	tshore Blvd., Suite 200						
			Address			رئي دون	=	
	Tampa, FL 33	3607				<b>E</b> S	<u> </u>	•
	, , , , , , , , , , , , , , , , , , ,		y/State and Zip Code		<del> </del>	<del></del>		
	michael@gor	seniaw.com				3SE Y	င်	Ī
	90	E-mail address: (to be used	for future annual report n	otification)	<del></del>	<u> </u>	7	Ī
For fu	ther information	concerning this matter, please	e call:			STATE LORID	₽; 20	C
Micha	ael Gorsen		at (813 )40	04-1804		<i>J</i> .		
****	Name	of Person	Area Code & I	Daytime Teler	phone Numbe	r		
Enclos	sed is a check fo	or the following amount:						
☑\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	■\$155.00 Filing F Certified Copy (additional copy is o		\$160.00 F Certificate Certified (additional of	e of Stat Copy	tus &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Couri Registration S Division of C Clifton Build 2661 Executi Tallahassee,	Section Corporations ling ive Center C				

# ARTICLES OF ORGANIZATION OF IP ENTERPRISE HOLDINGS, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

#### **ARTICLE 1 – Name:**

The name of the Limited Liability Company is:

IP ENTERPRISE HOLDINGS, LLC

#### **ARTICLE II – Address:**

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

c/o Michael Gorsen 2202 N. Westshore Drive, Suite 200 Tampa, FL 33607

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signatures

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

Michael Gorsen 2202 N. Westshore Drive, Suite 200 Tampa, FL 33607

Having been named as registered agent and to accept service of process for the above stated limited liability company and 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.

Michael Gorsen Registered Agent

### ARTICLE IV - Management

The Limited Liability Company is to be managed by a manager or managers and is, therefore, a manager-managed company. The name and address of each manager is:

Michael Gorsen, Trustee, Marshall Family Trust dated April 29, 2010, MGR 2202 N. Westshore Blvd., Suite 200 Tampa, FL 33607

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 1<sup>st</sup> day of May, 2010.

Michael Gorsen

Authorized Representative of Members

(In accordance with section 608.408(3), Florida Statutes, the execution of this change constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

Michael Gorsen

Authorized Representative of Members

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