

L10000068910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

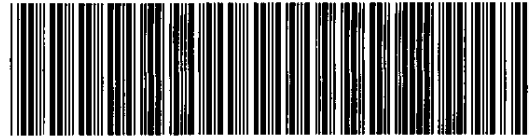
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000182609270

06/28/10--01022--012 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUN 28 AM 10:46

T. HAMPTON

JUN 28 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IMPERIAL 1-E, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LYNNE W. SPRAKER, ESQUIRE

(Name of Person)

SPRAKER & PRINZ

(Firm/Company)

815 COLORADO AVENUE, SUITE 103

(Address)

STUART, FLORIDA 34994

(City/State and Zip Code)

For further information concerning this matter, please call:

LYNNE W. SPRAKER, ESQ.

(Name of Person)

at ( 772 ) 220-0212

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SPRAKER & PRINZ  
ATTORNEYS AT LAW  
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

LYNNE W. SPRAKER, P.A.  
MEMBER FLORIDA INSTITUTE OF CPAs

SEACOAST NATIONAL BANK CENTER  
815 COLORADO AVENUE, SUITE 103 STUART, FLORIDA 34994  
P.O. BOX 1138, STUART, FLORIDA 34995-1138

BETH TEARDO PRINZ, P.A.  
BOARD CERTIFIED WILLS,  
TRUSTS, & ESTATES

TELEPHONE (772) 220-0212 FACSIMILE (772) 220-0422  
E-MAIL: SPRAKERP@BELLSOUTH.NET  
E-MAIL: LSPRAKER@AOL.COM (L SPRAKER)

June 24, 2010

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Imperial 1-E, LLC**

Dear Representative:

Please find enclosed the following:

1. Articles of Organization For Florida Limited Liability Company for Imperial 1-E, LLC
2. Check made payable to Florida Department of State in the amount of \$125.00

If you should have any questions or need additional information, please do not hesitate to contact me.

Very truly yours,



Lynne W. Spraker

LWS/bs  
Enclosures

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

IMPERIAL 1-E, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

3333 SE MARTIN AVE, #1-E

IMPERIAL CONDOMINIUM

STUART, FL 34996

#### Mailing Address:

4 EMARITA WAY

STUART, FL 34996

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

LYNNE W. SPRAKER, ESQUIRE

Name

815 COLORADO AVE., SUITE 103

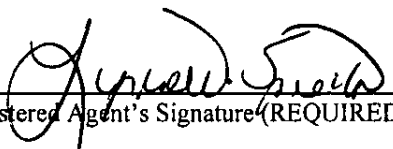
Florida street address (P.O. Box **NOT** acceptable)

STUART

FL 34994

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 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 (REQUIRED)

FILED  
10 JUN 28 AM 10:45  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

(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

SILKE D'ALESSANDRO

4 EMARITA WAY

STUART, FL 34996

mgrm

ERNST SCHRADER

C/O SILKE D'ALESSANDRO

4 EMARITA WAY

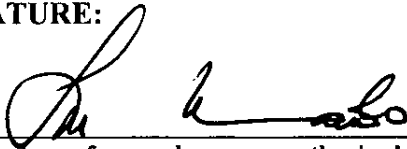
STUART, FL 34996

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

SILKE D'ALESSANDRO

Typed or printed name of signee

**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)