

L11000003825

Florida Department of State
Division of Corporations
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Division of Corporations
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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
INME NETWORK LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

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H11000006918

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

Principal Office Address:14178 NW 17th AVE
OPA LOCKA, FL 33054Mailing Address:1140 NE 163rd ST
STE 20-210
N. Miami Beach, FL 33162

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:

MARGARET A. WILLIAMS
Name14178 NW 17th AVE
Florida street address (P.O. Box NOT acceptable)OPA-LOCKA FL 33054
City, State, and ZipFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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.

Margaret A. Williams

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H11000006918

H11000006918

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRMMargaret Williams
1140 NE 163 RD ST SUITE 20-210
N. MIAMI BEACH FL 33162MGRBRIAN LEWIS
1140 NE 163 RD ST. SUITE 20-210
N. MIAMI BEACH FL 33162MGRRAUBEN ROZIER
1140 NE 163 RD ST SUITE 20-210
N. MIAMI BEACH FL 33162MGRDarryl Rhodes
1140 NE 163 RD ST SUITE 20-210
N. MIAMI BEACH FL 33162

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____
(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)

REQUIRED SIGNATURE:Margaret A. Williams

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

MARGARET A. WILLIAMS

Typed or printed name of signer

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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

Jurel Rozier
 1140 NE 163rd St. Suite 20-21C
 N. Miami Beach, FL 33162

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)

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