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.

(((H11000014741 3)))



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:

: SCOTT M. GRANT, P.A. Account Name

Account Number: 102603003131 : (239)649-4848 Phone

Fax Number : (239)643-9810

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

Email Address: Scott@htvnstworks.com

FLORIDA LIMITED LIABILITY CO.

INMI Management, LLC

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

Corporate Filing Menu

Help

JAN 1 9 2011

1/18/2011

(((H11000014741 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

INMI MANAGEMENT, LLC

ARTICLE II ADDRESS

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

18340 Vicenza Way Miromar Lakes, FL 33913

ARTICLE III DURATION

The period of duration for the Limited Liability Company shall be indefinite.

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by a Manager and the name and address of such Manager who is to serve as Manager is:

M. Scott Spence 18340 Vicenza Way Miromar Lakes, FL 33913

ARTICLE V ADMISSION OF ADDITIONAL MEMBERS

Upon unanimous approval by the Members, the Company is authorized to issue additional Units in the Company and to admit Additional Members to the Company.

OIVISION OF CORPORATIONS

1

(((H11000014741 3)))

ARTICLE VI MEMBERS' RIGHTS TO CONTINUE BUSINESS

The remaining members of the company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE VII REGISTERED AGENT

The name and address of the registered agent is:

Scott M. Grant, Esq. Scott M. Grant, P.A. 3400 Tamiami Trail N., Suite 201 Naples, FL 34103

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, Florida Statutes.

REGISTERED AG

Scott M. Grant

MANAGER:

Scon Spence

F WPOOCS LEGAL/Corporate/A1 (918 ARTICLES OF ORGANIZATION FOR LLC - Manager Manageri da

2 (((H11000014741 3))) SECRETARY OF STATE
DIVISION OF CORPORATIONS