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J. SAULSBERRY EXAMINER

FEB 0 8 2011

COVER LETTER

	TO: Registration Section Division of Corporations	
	SUBJECT: Florida Investment Managers, 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:		
	Karen Kilpatrick	
	Name of Person	
	Kilpatrick & White, LLC	-
	Firm/Company	tae.
2450 Hollywood Blvd. Suite 405		-11
	Address	1
	Hollywood, FL 33020	77
	City/State and Zip Code kayppin@gmail.com	N.
	kayppin@gmail.com	
	E-mail address: (to be used for future annual report notification)	
	For further information concerning this matter, please call:	
	Karen Kilpatrick at (954) 309-3640	
	Name of Person Area Code & Daytime Telephone Number	
	Enclosed is a check for the following amount:	
	\$125.00 Filing Fee \$\sum_{\text{Certificate of Status}}\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Florida Investment Manage	rs, LLC
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
and maning warmen and show about the pr	
Principal Office Address:	Mailing Address:
OEO NIM 110th Torress	OFO BUAL 440th Townson
853 NW 110th Terrace Plantation, FL 33324	853 NW 110th Terrace Plantation, FL 33324
Flamation, FL 33324	1 iantation, 1 L 00024
ARTICLE III - Registered Agent, Registered	Office. & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regist	
business entity with an active Florida registration.)	,
The name and the Florida street address of the r	egistered agent are:
	ALE OF ALE
Trez Kilpatrick	
Name	egistered agent are: 7011 FEB -7 FORTAGE FORT
853 NW 110th 7	i en ace
Florida street add	ress (P.O. Box NOT acceptable)

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Plantation

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM	Trez Kilpatrick
	853 NW 110th Terrace Plantation, FL 33324
MGRM	Charles Philippin
	45 Clearwater Ave Massapequa, NY 11758
· · · · · · · · · · · · · · · · · · ·	FE B T
	SSEE. T PH
	3: 25
(Use attachment if necessary)	D'
	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a	nember or an authorized representative of a member.
constitutes an affirmation I am aware that any false	ion 608.408(3), Florida Statutes, the execution of this document n under the penalties of perjury that the facts stated herein are true. In information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)

Trez Kilpatrick

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)