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EXAMINER



100211669531

09/09/11--01031--024 **160.00

COVER LETTER

	on Section f Corporations		
_{SUBJECT:} Imp	ortations LLC		
SUBJECT:		ed Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all cor	respondence concerning this matt	er to the following:	
Michae	el Gingerich		
		Name of Person	
Importa	ations LLC		
		Firm/Company	
1004 B	acon Avenue		·
		Address	
Sarasota	a, FL 34232		
		y/State and Zip Code	
importati	ons.llc@gmail.com		
		or future annual report notification)
For further informat	ion concerning this matter, please	call:	
Michael Ginge	erich	at (941) 3776653	3
Na	ame of Person	Area Code & Daytime T	elephone Number
Enclosed is a chec	k 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 Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Importations LLC		
(Must end with the words "Lin	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
1004 Bacon Avenue Sarasota, FL 34232	1004 Bacon Avenue Sarasota, FL 34232	
	gistered Office, & Registered Agent's own Registered Agent. You must designate an individ	
The name and the Florida street address	of the registered agent are:	SEC SECI
Michael Gingerio	ch	AHACRET AHA
	Name	SSE SSE
1004 Bacon	Avenue	्राष्ट्रीच्य 🗷 📺
Florida	street address (P.O. Box NOT acceptable)	
Sarasota	_{FL} 34232	REAL S
	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)

(CONTINUED)

Page 1 of 2

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

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

MGRM	Michael Gingerich 1004 Bacon Avenue Sarasota, FL 34232
MGRM	Rebeca Gingerich
	1004 Bacon Avenue
	Sarasota, FL 34232
MGRM	Wismith Joseph
	1004 Bacon Avenue
	Sarasota, FL 34232
Use attachment if necessary)	
	the date of filing: (OPTION st be specific and cannot be more than five business d

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.)

Michael L. Gingerich

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)