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.

(((H11000241783 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:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. IJM & TBM INVESTMENTS LLC

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

J. BRYAN

10/4/2011 11:58 AM

## H11000241783

ARTICIAS OF ORGANIZATION FOR FIXADIA LIMITED LABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
IJM & TBM INVESTMENTS LLC  (Must end with the words "Limited Lightlity Company, "LLC," or "LC")
(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
925 SW 94 Ct. 925 SW 94 Ct. MIANI, 61. 33174
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 entiry with an active Florida registration.)  The name and the Florida street address of the registered agent are:  Than a B. Munoz  Name  925 Sw 94 G.  Florida street address (P.O. Box NOT acceptable)  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)  Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

H11000241783

## H11000241783

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 "MGRM" = Managing Member	Name and Address:	題名工	
MGL	Isidono J. Mu 925 SW94 Ct. MIRMI CT. 33174	No.2 SE ST	
MGRN	Thania B. Munor 925 SW 94 Ct. MIAMI, Pl. 33.174	93 CM	
(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:	22		
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.)			
Isidono	yped or printed name of signee	<del></del>	
WHI W			

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Page 2 of 2