

L11000141745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

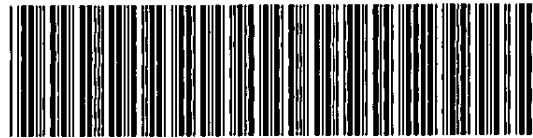
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DEC 19 2011

EXAMINER



400215195474

12/19/11--01005--003 **125.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11 DEC 19 AM 9:51

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11 DEC 19 AM 11:07

Charter Number Only

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DIVISION OF CORPORATIONS
11 DEC 19 AM 11:07

VALIDATION ONLY

12-16-11

Egozi & Bennett, PA

Registrant's Name

2999 NE 191st Street #407

Address

Aventura, FL 33180 (305) 931-3000

City

State

ZIP

Phone

CORPORATION(S) NAME

IAN Drew Services, LLC

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other <i>LLC Filing</i> |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> After 4:30 | <input type="checkbox"/> Mail Out |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |

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Empire Toll Free: 1-800-432-3028

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IAN DREW SERVICES, LLC
Name of Limited Liability Company

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DIVISION OF CORPORATIONS
11 DEC 19 AM 11:07

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARRY TABOR

Name of Person

C/O LEON EGOZI & ASSOC., PA

Firm/Company

2999 NE 191ST STREET, SUITE #240

Address

AVENTURA, FL 33180

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEON EGOZI, CPA

Name of Person

at (**305**)

937-2664

Area Code & Daytime Telephone Number

Enclosed is a check 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 Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IAN DREW SERVICES, LLC

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

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11 DEC 19 AM 11:07

ARTICLE II - Address:

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

Principal Office Address:

GREENBERGER & TABOR
3595 SHERIDAN STREET, SUITE #103
HOLLYWOOD, FL 33021

Mailing Address:

3595 SHERIDAN STREET, SUITE #103
HOLLYWOOD, FL 33021

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:

LEON EGOZI AND ASSOC., P.A.
Name

2999 NE 191ST STREET, SUITE #240

Florida street address (P.O. Box **NOT** acceptable)

AVENTURA, FL 33180
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)

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

JESSICA BROTH

45 HILL PARK AVENUE, #2C

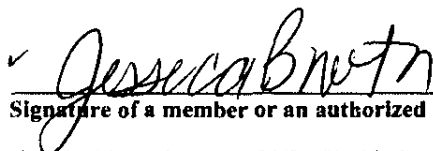
GREAT NECK, NY 11021

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/ /2011 (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.)

JESSICA BROTH

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)