

L11000141745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

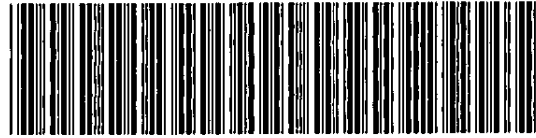
Special Instructions to Filing Officer:

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**B. KOHR**

DEC 19 2011

**EXAMINER**



400215195474

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

RECEIVED  
11 DEC 19 AM 9:51  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
11 DEC 19 AM 11:07  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Charter Number Only

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
11 DEC 19 AM 11:07

12-16-11

VALIDATION ONLY

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

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Pick Up
- Merger
- Mark
- Other LLC Filing
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out

|                |
|----------------|
| Name           |
| Availability   |
| Document       |
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| Updater        |
| Verifier       |
| Acknowledgment |
| W.P. Verifier  |

 Empire Toll Free: 1-800-432-3028

**COVER LETTER**

FILED STATE  
SECRETARY OF CORPORATIONS  
11 DEC 19 AM 11:07  
DIVISION OF CORPORATIONS

**TO: Registration Section  
Division of Corporations**

**SUBJECT: IAN DREW SERVICES, 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:

**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.")

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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

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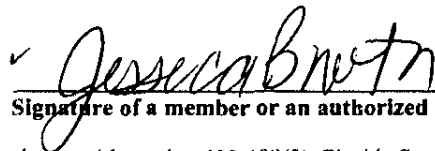
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(Use attachment if necessary)

**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)**