

L12000005650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

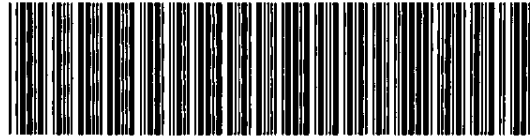
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JAN 12 2012

EXAMINER



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FILED
12 JAN 10 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

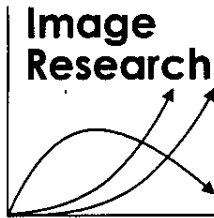


Image Research, LLC

8633 SW 79 Place, Miami, FL 33143

Tel: 850-591-2821

E-mail: cbsullivan@imageresearch.com

6 January 2012

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom it May Concern:

Please accept my registration materials for Image Research, LLC. I have requested a certified copy of my registration so have included two copies of my registration.

If for any reason there are questions about this application, please feel free to call me at 850-591-2821.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Christopher B. Sullivan". The signature is written in a cursive, flowing style.

Christopher B. Sullivan

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Image Research, 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:

Christopher B. Sullivan, PhD

Name of Person

Image Research, LLC

Firm/Company

8633 SW 79 Place

Address

Miami, FL 33143

City/State and Zip Code

cbsullivan@imageresearch.com

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

For further information concerning this matter, please call:

Christopher Sullivan

Name of Person

at (850) 591-2821

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:

Image Research, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

8633 SW 79 Place
Miami, FL 33143

Mailing Address:

8633 SW 79 Place
Miami, FL 33143

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:

Christopher B. Sullivan, PhD

Name

8633 SW 79 Place

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

Miami, FL 33143

FL

City, State, and Zip

FILED
12 JAN 10 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Christopher B. Sullivan

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:

MGRM

Christopher B. Sullivan, PhD

8633 SW 79 Place

Miami, FL 33143

MGRM

Liza Sullivan

8633 SW 79 Place

Miami, FL 33143

MGRM

Isaac Sullivan

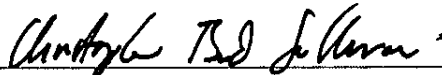
620 Wheaton Trent Place

Tampa, FL 33619

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 15 January 2012 . (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.)

Christopher B. Sullivan

Typed or printed name of signed

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)