

FEB-14-2012 11:05

From: 3025751642

Page 1 of 1

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-1642

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FLORIDA LIMITED LIABILITY CO.
iMGMT LLC

Certificate of Status	0
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R12000039673 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: **IMGMT LLC**

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **10620 Griffin Road,
Suite 108
Cooper City, FL 33328**

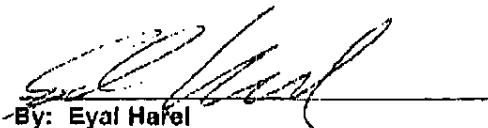
ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**Eyal Harel
10620 Griffin Road,
Suite 108
Cooper City, FL 33328**

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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.


By: **Eyal Harel**

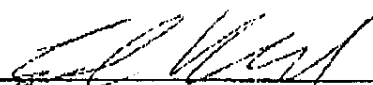
ARTICLE IV – Management (Check box if applicable.) [X]

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

ARTICLE V – Manager:

The initial Manager(s) of the Limited Liability Company shall be:

Eyal Harel


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.)

Eyal Harel
Typed or printed name of signee