

L120000032115

(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:

Office Use Only



500221982255

02/17/12--01008--003 **130.00

EFFECTIVE DATE 02-17-12

FILED
12 FEB 17 PM 4:26
TALLAHASSEE FLORIDA

B. BOSTICK
MAR 6 2012

EXAMINED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Imbe properties 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:

Wade C Lamb

Name of Person

Firm/Company

5360 Molam's Rd.

Address

North Port, FL 34287

City/State and Zip Code

WC Lamb @ Verizon.net

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

For further information concerning this matter, please call:

Wade C Lamb

Name of Person

at (941) 268-0442

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

FILED
FEB 17 2011
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Imbe Properties L.L.C.

(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:

5360 Malomin Rd.
North Port, FL
34282

Mailing Address:

same

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:

Wade C. Lamb

Name

5360 Malomin Rd.

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

North Port, FL 34282

City, State, and Zip

FILED
12 FEB 17 PM 4:26
TALLAHASSEE, FLORIDA
STATE

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..

Wade C. Lamb

Registered Agent's Signature (REQUIRED)

(CONTINUED)

PAGE 1

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

MGR

MGRM

Name and Address:

Wade C. Lamb
Wade C. Lamb
5360 Malabar Rd. North Port FL 34287

Rebecca A. Lamb
Rebecca A. Lamb
5360 Malabar Rd. North Port FL 34287

FILED
12 FEB 17 PM 4:26
TALLAHASSEE FLORIDA

PAGE 2

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

John A Bragg

John A. Bragg

23275 Adela Ave., Port Charlotte, FL 33952

MGRM

DONNA K. BRAGG

Donna K. Bragg

23275 Adela Ave., Port Charlotte, FL 33952

MGRM

DONALD MACDONALD

Donald MacDonald

5421 SAN LUIS TER NORTH PORT FL 34286

MGRM

Cassandra MacDonald

Cassandra MacDonald

5421 San Luis North Port FL 34286

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Feb 17 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:

Wade C. Lomb

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.)

Wade C. Lomb

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)

FILED
12 FEB 17 PM 4:26
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2012

WADE C. LAMB
5360 MALAMIN ROAD
NORTH PORT, FL 34287

SUBJECT: IMBE PROPERTIES L.L.C.
Ref. Number: W12000009984

We have received your document for IMBE PROPERTIES L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 17, 2012. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 812A00007493