

L13000/54411

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000243034 3)))



H13000243034ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
13 NOV - 1 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
I2M LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

FILED
2013 NOV - 1 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

NOV - 4 2013

T. W. HUNT

H 13000243034

2

ARTICLES OF ORGANIZATION FOR I2M LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: **I2M LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 3 Grove Isle Drive, Unit 1507, Coconut Grove, Florida 33133.

ARTICLE III -

Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are: Samuel Spencer Blum, Esquire, 2666 Tigertail Avenue, Suite 106, Coconut Grove, Florida 33133.

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, Florida Statutes.


Registered Agent's Signature

Article IV - Manager(s) or Managing Member(s)


The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

Managing Member

Elizabeth Fenives
3 Grove Isle Drive, Unit 1507
Coconut Grove, Florida 33133


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.)

SSB/cm
2666 TIGERTAIL AVENUE, SUITE 106 COCONUT GROVE, FLORIDA 33133

Elizabeth Fenives
Typed or printed name of signee
Samuel Spencer Blum

ATTORNEY AT LAW

2666 TIGERTAIL AVENUE, SUITE 106 COCONUT GROVE, FLORIDA 33133 TELEPHONE: (305) 854-1888 TELEFAX: (305) 854-3314
E-MAIL: ssm@ssmblum.com

FILED
2013 NOV - 1 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA