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| (Re                     | equestor's Name)   |           |
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| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nan  | ne)       |
| (Do                     | cument Number)     |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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DEPARTMENT OF STAL

SECRETARY OF STAD

AMS T. S. WAL HOWER T

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Imperial Authority and Logistics 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:   |
| Norman Gross Name of Person   |
| Imperial Authority and Logistics LLC Firm/Company   |
| 2116 Melanie de Address   |
| Tallahassee FL 32304<br>City/State and Zip Code   |
| imperial authority logistics annual report notification)  |
| For further information concerning this matter, please call:  |
| Name of Person at (850) 290 4081  Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| \$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} |
| Mailing Address Street/Courier Address  |

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

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:

| Imperial Authority (Must end with the words "  | Limited Liability Company, "L.L.C.," or "LLC.")   |
|--|---|
| ARTICLE II - Address: The mailing address and street address of the prin   | ncipal office of the Limited Liability Company is:  |
| Principal Office Address:  | Mailing Address:  |
| another business entity with an active Florida reg  The name and the Florida street address of the reg  Morman  2116 Helan | its own Registered Agent. You must designate an individual or gistration.)  gistered agent are:  Cross  Name  19 CT  10 Box NOT acceptable) |

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

|  | Name and Address:  |
|--|--|
| AMBR" = Authorized Member MGR" = Manager   |  |
| AMBR   | Norman Gross   |
|  | 2116 Melance or  |
|  | Tallahassee FL 32304   |
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| Use attachment if necessary)   |  |
| ,  | filing:(OPTIONAL)  |
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