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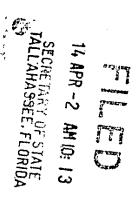
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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J. SHEVERS APR 0 4 2014

COVER LETTER

K i i

TO: Registratio Division of	n Section Corporations		
SUBJECT: IMAG	INE DESIGN USA LLC.		
••	Name of Lin	mited Liability Company	
The enclosed Article	s of Organization and fee(s) a	re submitted for filing.	
Please return all corr	espondence concerning this m	atter to the following:	
ROBER	T CHARLES WEBSTER	N CP	
		Name of Person	
<u>IMAGIN</u>	E DESIGN USA LLC.		
		Firm/Company	
2205 SF	PRING HARBOR DRIVE, A		
		Address	
DELRA	Y BEACH, FLORIDA 33445	5	
	C	City/State and Zip Code	
imaginedesign	usa@yahoo.com E-mail address: (to be use	d for future annual report notifica	ation)
For further information	on concerning this matter, plea	ase call:	
			•
ROBERT C. WEBS	STER at ()	561) 283-1699 Area Code Daytime Te	lephone Number
		= -y	
Enclosed is a check f	or 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)
<u>Ma</u>	ailing Address	Street/Courier Add	<u>ress</u>

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:	·
IMAGINE DESIGN USA LLC.	
(Must end with the words "Limite	ed 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:	Mailing Address:
IMAGINE DESIGN USA	IMAGINE DESIGN USA
2205 SPRING HARBOR DR., APT. K	2205 SPRING HARBOR DR., APT, K
DELRAY BEACH, FL 33445	DELRAY BEACH, FL 33445
another business entity with an active Florida registration	m Registered Agent. You must designate an individual or ion.)
The name and the Florida street address of the registere	ed agent are:
RON DIMARTINO	
Nam	ne
1191 EMERALD DRIVE	
Florida street address (P.O. Bo	ox NOT acceptable)
SINGER ISLAND	FL 33404
City	Zip
the place designated in this certificate, I hereby according to a further agree to comply with the provision of my duties, and I am familiar with and accept the o	UED)

"AMBR" = Authorized Member "MGR" = Manager MANAGER ROBERT CHARLES WEBSTER 2205 SPRING HARBOR DR., APT. K DELRAY BEACH, FL 33445 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document to the constitutes an affirmation under the penalties of perjury that the facts stated herein are true for a manaware that any false information submitted in a document to the Department of Statutes, a third degree felony as provided for in s.817.155, F.S.) ROBERT CHARLES WEBSTER 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)	<u>Title:</u>		Name and Address:
WANAGER ROBERT CHARLES WEBSTER 2205 SPRING HARBOR DR. APT. K DELRAY BEACH. FL 33445 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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 Statutes at third degree felony as provided for in s.817.155, F.S.) ROBERT CHARLES WEBSTER Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		Member	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:			
(Use attachment if necessary) E. V.: Effective date, if other than the date of filing:	MANAGER		
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:	•.		
EV: Effective date, if other than the date of filing:	•		DELRAY BEACH, FL 33445
E V: Effective date, if other than the date of filing:			
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ARTICLE IV-