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(Re	equestor's Name)	,
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
>	Office Use Or	nlv



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14 OCT TO AH 9: 36

SECREMAN OF STATE
TALLAHASSET FLORID

J. STAVERS OCT 1 5 2014

COVER LETTER

Division of Corporations	
SUBJECT: Imperial Equity 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:	
Jerome Hempton Name of Person	
Imperial Equity LCC Firm/Company	
121 S. Orange Ave. Address	
Orlardo FC 3280/	
City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (to be based for future annual report notification)	
For further information concerning this matter, please call:	
Der Une Homphon at (241) 416-8152 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{ \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}	ed)
Mailing Address Registration Section Street/Courier Address Registration Section	

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Tryperial Equity LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LL	.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compan	y is:
Principal Office Address: Mailing Address:	
1215. Orange Are Orlando FC 32801	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designa another business entity with an active Florida registration.)	te an individual or
The name and the Florida street address of the registered agent are:	
Florida street address (P.O. Box NOT acceptable)	
OY Codo To FL 325 U] City Zip	
Having been named as registered agent and to accept service of process for the above stated lithe place designated in this certificate, I hereby accept the appointment as registered agent capacity. I further agree to comply with the provisions of all statutes relating to the proper an of my duties, and I am familiar with and accept the obligations of my position as registered a Chapter 605, F.S	and agree to act in this nd complete performance
Registered Agent's Signature (REQUIRED)	14 OCT SECRET
(CONTINUED) Page 1 of 2	TO AM
	9: 36 9: 36 BIAIT JORIU/

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ARTICLE IV-	
The name and address of each person authorized to manage and control the Limited Liability Compa	ıny:

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR	Jerome Hompton 1215. Orange Are	
	121 S. Wichte Are	
	Orlando FL 32+01	
		
		
		
(Use attachment if necessary)		
the date of filing.) ARTICLE VI: Other provisions, if any.	Do All Lauful Business	
) 138 MI LEGUT DUMES	
REQUIRED SIGNATURE:		
ground or		
Signature of a m	nember or an authorized representative of a member.	
(In accordance with section 6	605.0203 (1) (b), Florida Statutes, the execution of this document	
constitutes an affirmation und	der the penalties of perjury that the facts stated herein are true.	
constitutes a third degree felo	ony as provided for in s.817.155, F.S.)	
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	To 🏖	7
\$125.00 Filing For for Anticles of O	Filing Fees: rganization and Designation of Registered Agent	Printers 3
\$ 30.00 Certified Copy (Optional)	rganization and Designation of Registered Agent	2
\$ 5.00 Certificate of Status (Option	onal) 5 7 0	