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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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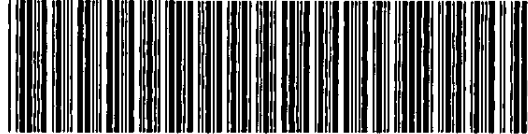
(Business Entity Name)

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15 MAY 13 PM 2:34  
ALLAHABAD  
INDIA

**DUNWODY  
WHITE &  
LANDON, P.A.**

**ATTORNEYS AT LAW**

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Please reply to Miami office  
Email: [jcruz@dwl-law.com](mailto:jcruz@dwl-law.com)

May 11, 2015

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

**RE: Imaos, LLC**

Dear Sir/Madam:

Enclosed please find the following documents for filing with the Florida Department of State:

1. Original and one copy of the Articles of Organization of Imaos, LLC;
2. Cover Letter;
3. A check in the amount of \$130.00 for the filing fee made payable to the Florida Department of State; and
4. Self-addressed stamped, return envelope.

Please file this document with the Secretary of State and return the date stamped copy in the return envelope we have enclosed for your convenience.

If you should have any questions, please do not hesitate to contact me at the Miami address listed below or by e-mail at [jcruz@dwl-law.com](mailto:jcruz@dwl-law.com)

Regards,

Jorge de la Cruz-Muñoz

:mem

Enclosures

cc: Mrs. Inova A. Dominguez (w/encls)

m:\planning\i-a-d\dominguez, inova\ltr-dept of state imaos llc.docx

MIAMI  
550 Biltmore Way  
Suite 810  
Coral Gables, Florida 33134  
Telephone 305 / 529-1500  
Fax 305 / 529-8855

NAPLES  
4001 Tamiami Trail North  
Suite 200  
Naples, Florida 34103  
Telephone 239 / 263-5885  
Fax 239 / 262-1442

PALM BEACH  
Plaza Center, Suite 501  
249 Royal Palm Way  
Palm Beach, Florida 33480  
Telephone 561 / 655-2120  
Fax 561 / 655-2168

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** IMAOS, 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:

Jorge de la Cruz-Muñoz, Esq.

\_\_\_\_\_  
Name of Person

Dunwody White & Landon, P.A.

\_\_\_\_\_  
Firm/Company

550 Biltmore Way, Suite 810

\_\_\_\_\_  
Address

Coral Gables, FL 33134

\_\_\_\_\_  
City/State and Zip Code

jcruz@dwl-law.com

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

For further information concerning this matter, please call:

Jorge de la Cruz-Muñoz, Esq.      305      529-1500  
\_\_\_\_\_  
Name of Person      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)
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**Mailing Address**

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

**Street Address**

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:

IMAOS, LLC

(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:

1450 Brickell Bay Drive, Apt. 315  
Miami, FL 33131

Mailing Address:

1450 Brickell Bay Drive, Apt. 315  
Miami, FL 33131

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:

Jorge de la Cruz-Muñoz, Esq.

Name

550 Biltmore Way, Suite 810

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

Coral Gables

FL

33134

City

State

Zip

*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.*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

15 MAY 13 PM 2:34  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Inova A. Dominguez

1450 Brickell Bay Drive, Apt. 315

Miami, FL 33131

(Use attachment if necessary)

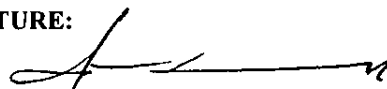
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE 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 State constitutes a third degree felony as provided for in s.817.155, F.S.)

Inova A. Dominguez, as authorized representative

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)**