

L16000087019

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAY -9 PM 1:14

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L16-2639

05-09-13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMAGINATION UNLIMITED SILVER, 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:

Morton R. Goudiss, Esquire

Name of Person

Firm/Company

1090 Kane Concourse, Suite 202

Address

Bay Harbor Islands, FL 33154

City/State and Zip Code

mgoudiss@aol.com

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

For further information concerning this matter, please call:

Morton R. Goudiss 305 865-6736

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)

Mailing Address

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2016

MORTON R. GOUDISS, ESQ
1090 KANE CONOURSE STE 202
BAY HARBOR ISLANDA, FL 33154

SUBJECT: IMAGINATION UNLIMITED SILVER, LLC
Ref. Number: W16000026639

We have received your document for IMAGINATION UNLIMITED SILVER, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 616A00007373

ARTICLES OF ORGANIZATION

FOR

IMAGINATION UNLIMITED SILVER, LLC

ARTICLE I – NAME

The name of the Limited Liability Company is:

IMAGINATION UNLIMITED SILVER, LLC.

ARTICLE II – ADDRESS

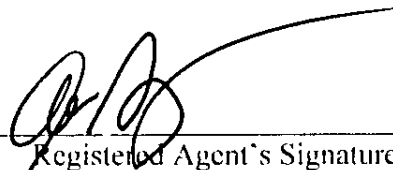
The mailing address and street address of the principal office of the Limited Liability Company is:

Arthur Unger
c/oEisnerAmper
1001 Brickell Bay Drive, Suite 1400
Miami, FL 33131

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, AND REGISTERED AGENT'S SIGNATURE:

Arthur Unger
c/o EisnerAmper
1001 Brickell Bay Drive, Suite 1400
Miami, FL 33131

Having been named 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
Arthur Unger

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TALLAHASSEE, FLORIDA

ARTICLE IV - MANAGER(S) OR AUTHORIZED MEMBER(S):

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

Title:

MGR MBR

Name and Address:

Caryl Rose Unger as Trustee of the
Caryl Rose Unger Revocable Trust
c/o EisnerAmper
1001 Brickell Bay Drive, Suite 1400
Miami, FL 33131

MGR

Arthur Unger
c/o EisnerAmper
1001 Brickell Bay Drive, Suite 1400
Miami, FL 33131

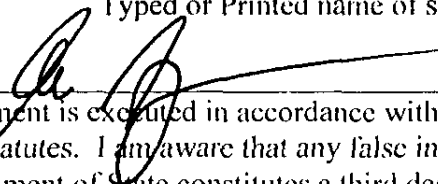
SIGNATURE:



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TALLAHASSEE, FLORIDA
15 MAY -9 PM 1:14

This document is executed in accordance with Section 605.0203(1)(b)
Florida Statutes. I am aware that any false information submitted to
the Department of State constitutes a third degree felony as provided
for in s.817.155 F.S.

Caryl Rose Unger, as Trustee of the
Caryl Rose Unger Revocable Trust, Managing Member
Typed or Printed name of signee



This document is executed in accordance with Section 605.0203(1)(b)
Florida Statutes. I am aware that any false information submitted to
the Department of State constitutes a third degree felony as provided
for in s. 817.155 F.S.

Arthur Unger, Manager