

L16000 AZ 613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

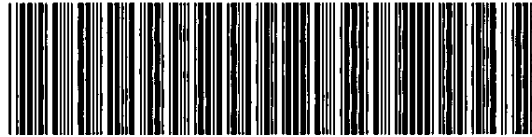
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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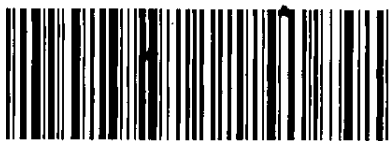
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Kuhn Law Firm, P.A.
6720 Winkler Road
Fort Myers, FL 33919



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RETURN RECEIPT (ELECTRONIC)



Total Postage: \$5.325

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

Reference Number: 16-235

TO: Registration Section
Division of Corporations

SUBJECT: IMA DIVERSIFIED, LLC.

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Christopher Williams, III

1900 Crystal Drive, Suite 3

Fort Myers, FL. 33907

E-mail address (to be used for future annual report notification): Cherychiro@yahoo.com

For further information concerning this matter, please call:

Mark Christopher Williams, III at (239) 826-5995

Enclosed is a check for the following amount: \$125.00 Filing Fee

MAILING ADDRESS:

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
IMA DIVERSIFIED, LLC**

ARTICLE I – NAME

The name of the limited liability company is IMA Diversified, LLC ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:
1900 Crystal Drive, Suite 3
Fort Myers, Florida 33907

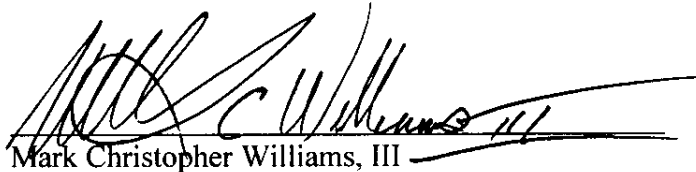
Mailing Address:
1900 Crystal Drive, Suite 3
Fort Myers, Florida 33907

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Mark Christopher Williams, III
1900 Crystal Drive, Suite 3
Fort Myers, Florida 33907

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.


Mark Christopher Williams, III

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

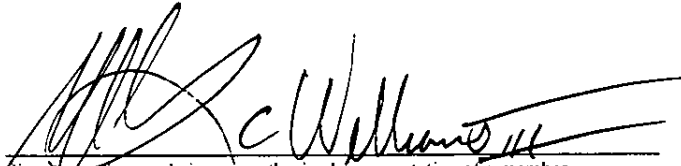
MGR

Mark Christopher Williams, III
1900 Crystal Drive, Suite 3
Fort Myers, Florida 33907

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be July 20, 2016.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

Mark Christopher Williams, III

Typed or printed name of signee