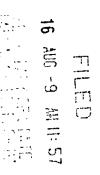
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Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 248898 AUTHORIZATION : COST LIMIT : \$ 160.00 ORDER DATE: August 9, 2016 ORDER TIME : 3:20 PM ORDER NO. : 248898-005 CUSTOMER NO: 7989791 DOMESTIC FILING NAME: REIMAGINED MANAGEMENT LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CONTACT PERSON: Melissa Zender - EXT.

1201 Hays Street

Tallhassee, FL 32301

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC*	Reimagined Management LLC					
SUBJEC		Limited Liabil	ity Company	_		
The enclo	sed Articles of Organization and fee(s) are submitted	for filing.			
Please ret	arn all correspondence concerning this	s matter to the f	following:			
	Rebekah Barney					
		Name of	Person	, , , , , ,		
		Firm/Co	mpany			
	2400 First Street, Suite 214					
		Addr	ess			
	Fort Myers, FL 33901				. <u></u>	
	rebekahmacfarlane@gmail.com	City/State an	d Zip Code		AUG	
	E-mail address: (to be u	sed for future	annual report notification)	, -,	5	[
For further	information concerning this matter, pl	ease call:		· · · ·		<u></u>
	Rebekah Barney	646	812-6262	3 +	: 57	
	Name of Person	Area Code	Daytime Telephone Number			
Enclosed	is a check for the following amount:					
	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifi	~		ıs &	d)
	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			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:			
The name of the Limited Liab	ility Company is:		16 AUG -9 MM H: 5
Reimagined Mana			
(Must er	d with the words "Limited Lia"	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	t address of the principal office	of the Limited Liability Company is:	
<u>Princ</u>	ipal Office Address:	Mailing Address	:
2400 First Street,	Suite 214	2400 First Street, Suite 214	
Fort Myers, FL 33	901	Fort Myers, FL 33901	
(The Limited Liability Compa another business entity with a	ny cannot serve as its own Reg	egistered Agent's Signature: gistered Agent. You must designate an indivi ent are:	dual or
	Rebekah Barney		
	Na	ame	
	2400 First Street, Suite 2	14	
	Florida street address (P.	O. Box NOT acceptable)	
	Fort Myers, FL 33901		

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.

State

Zip

Rebekah MacFarlane

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

"AMBR" = Auth "MGR" = Manag MGR		Name and Address:	·
MGR		Robert MacFarlane	
		2400 First Street, Suite 214	
		Fort Myers, FL 33901	
AMBR		Rebekah Barney	
		2400 First Street, Suite 214	
		Fort Myers, FL 33901	
			
			
(Use attachment	if necessary)		
•	•		
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