

L21000127090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

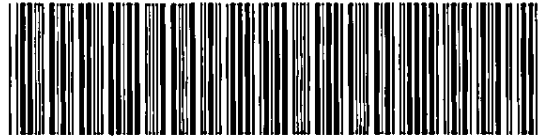
(Business Entity Name)

(Document Number)

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21 MAR 26 AM 2:16

2021 MAR 26 AM 10:21

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

IMDILASA LLC

Signature \_\_\_\_\_

Requested by: SETH

03/25/21

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

174 Pender's Printing • Thomasville, GA 30084

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name**

The name of the Limited Liability Company is:

IMDILASA LLC

**ARTICLE II**

**Address**

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

**Principal Office Address:**

18151 NE 31 Ct, #1215  
Aventura, FL 33160

**Mailing Address:**

18151 NE 31 Ct, #1215  
North Miami Beach, FL 33160

**ARTICLE III**

**Registered Agent, Registered Office & Registered Agent's Signature**

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

Ira R. Shapiro  
16375 NE 18<sup>th</sup> Avenue, Suite 225  
North Miami Beach, FL 33162

*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.*

  
\_\_\_\_\_  
Ira R. Shapiro, Registered Agent

ARTICLE IV  
Management

The Limited Liability Company is to be managed by one or more managers, and is therefore a manager - managed company.

ARTICLE V  
Persons Authorized to Manage and Control

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Piedad J. Sanchez  
18151 NE 31st Ct #1215  
Aventura, FL 33160

② \_\_\_\_\_  
  
Piedad J. Sanchez, MGR

(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 §817.155, F.S.)