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(Requestors Name)	
		
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	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(1	Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
Special instructions to	Filling Officer.	
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CORPORATE ACCESS, _

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PIC	K UP:	02/04/2022			
	CERTIFIED COPY					
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xx	FILING	LLC				
_/	AIM Wealth IP LLC					
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COVER LETTER

TO: New Filing Division o	Corporations	
SUBJECT:	AIM	M Wealth IP LLC
	Name of	f Limited Liability Company
The enclosed Articl	es of Organization and fee(s	s) are submitted for filing.
Please return all cor	respondence concerning this	is matter to the following:
Josep	h Rambow	
		Name of Person
		Firm/Company
		2026 SE 29TH LANE
-		Address
	C/	CAPE CORAL, FL 33904
owner@)aim-wealth.com	City/State and Zip Code
	E-mail address: (to be u	used for future annual report notification)
For further information	n concerning this matter, ple	lease call:
Joseph	Rambowat	634-9295
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:	
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	
Ne Di P.	ailing Address www. Filing Section vision of Corporations D. Box 6327 Ilahassee, 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

RTICLE 1 - Name: ne name of the Limited Liability Company is:	
AIM WEALTH IP LLC	
(Must contain the words "Limited Liabi RTICLE II - Address:	
	of the Limited Liability Company is:
RTICLE II - Address: The mailing address and street address of the principal office	

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:

Jos	seph Rambow	
	Name	
2026	SE 29TH LANE	
Florida street addres	s (P.O. Box <u>NOT</u> a	eceptable)
CAPE	CORAL, FL 33904	
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..

Joseph Rambow

Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Joseph Rambow
	2026 SE 29TH LANE
	CAPE CORAL, FL 33904
	
	
(Use attachment if necessary) LE V: Effective date, if other than fective date is listed, the date mu	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 da
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\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)