

11/19/24, 1:54 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Note: Please print this cover sheet as a cover sheet (typical below) on the top and bottom of each page of the document.

11-26-24

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : NO FEE LLC

Account Number : I20740000066

Phone : (954)565-4311

Fax Number : (954)337-3131

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: samsamie@aol.com

FLORIDA LIMITED LIABILITY CO.

IMASS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: IMASS 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:

Sam Sami
Name of Person

SAM Sami + Associates P.A.
Firm/Company

8181 W. Broward Blvd., #350
Address

Plantation FL 33324
City/State and Zip Code

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

For further information concerning this matter, please call:

Randy Rosa Esq. at (954) 565-4311
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IMASS LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:8181 W. Broward Blvd.
#350
Plantation FL 33324Mailing Address:8181 W. Broward Blvd.
#350
Plantation FL 33324

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

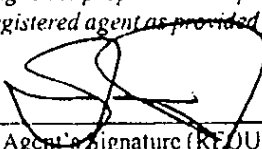
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Sam Sami
Name
8181 W. Broward Blvd., #350
Florida street address (P.O. Box NOT acceptable)
Plantation FL 33324
City State Zip2024 NOV 19 PM 3:22
STATE
FL

FILED

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**SAM SAMI8181 W. Broward Blvd., #350Plantation FL 33324

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STATE

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**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.SAM SAMI

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)