L0100000 uu 40

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314



SUBJECT:

TNNOVENTIVE LLC

(Proposed limited liability company name - must include suffix)

00789-00433-00671

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization \$ 25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30. Please send one check for the total amount made payable to the Florida Department of State.

> FROM: DAMIEN A. MAYER
>
> Name (Printed or typed) 10729 RAWCHIPUR St.
> Address 561-736-0709 Daytime Telephone number



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 11, 2001

DAMIEN A. MAYER 10729 RANCHIPUR STREET BOYNTON BEACH, FL 33437

SUBJECT: INNOVENTIVE LLC Ref. Number: W01000008196

We have received your document for INNOVENTIVE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 001A00021535

ARTICLES OF ORGANIZATION FOR LORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: INNOVENTIVE LLC | | | |
|---|-----------------------|-----------|---|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp. 10729 RANCHIPUR STREET BOYNTON BEACH, FL 33437 | any is: | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: | | | |
| The name and the Florida street address of the registered agent are: | | | |
| DAMIEN A. MAYER Name 10729 RANCHIPUT Street Bright Beach FL 33437 City, State, and Zip | | | |
| Having been named as registered agent and to accept service of process for the above stated is liability company at the place designated in this certificate, I hereby accept the appointment a registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. | s ns of all and | ! | |
| Naman a. Mayer Registered Agents Signature | | | |
| Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers are therefore, a manager - managed company. | ıd is, | | |
| (An additional article must be added if an effective date is requested) Signature of a member or an authorized representative of a member. | <u>~</u> | | |
| (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) DAMIEW A. MAYER Typed or printed name of signee | SECRETARY | 01 APR 30 | |
| Filing Fees: | 71.5 15.40 | h Wd | Ţ |

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)