

L01000020646

ORLANDO GUITIAN

Requester's Name

357 ALDO AVE

Address

CORAL GABLES FL 33134 305

City/State/Zip

Phone #

443

6822

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Enovention, LLC

(Corporation Name)

(Document #)

200004700172--0

-11/30/01--01042--001

*****30.00 *****30.00

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

200004700172--0

-11/30/01--01022--015

*****125.00 *****125.00

4.

(Corporation Name)

(Document #)



Walk in



Pick up time



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

NEW FILINGS



Profit



Not for Profit



Limited Liability



Domestication



Other

AMENDMENTS



Amendment



Resignation of R.A., Officer/Director



Change of Registered Agent



Dissolution/Withdrawal



Merger

OTHER FILINGS



Annual Report



Fictitious Name

REGISTRATION/QUALIFICATION



Foreign



Limited Partnership



Reinstatement



Trademark



Other

CR2E031(7/97)

Examiner's Initials

JB
F20-01

APPROVED
AND
FILED

01 NOV 30 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
01 NOV 30 PM 12:16
DIVISION OF CORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ENOVENTION, LLC

ARTICLE II - Address:

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

1717 N. BAYSHORE DR, STE 105
MIAMI FL 33132

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

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

ORLANDO GUITIAN

Name

357 ALEDO AVE

Florida street address (P.O. Box **NOT** acceptable)

C. CABLES FL 33134

City, State, and 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 608, F.S.

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(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.)

ORLANDO GUITIAN

Typed or printed name of signee

Filing Fees:

- \$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)

01 NOV 30 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED