

103000000089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

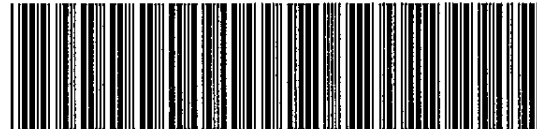
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

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03 JAN -2 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

# Cloud Consulting, Inc.

2709 Blair Stone Lane, Tallahassee, Florida 32301  
Telephone (850) 402-0105 Facsimile (850) 402-0795  
E-mail: cloud@cloudcinc.com

January 2, 2003

Hand Delivered

Secretary of State  
Division of Corporations  
409 Gaines Street  
Tallahassee, FL 32399

RE: Limited Liability Company Filing for

~~M.B.I.S.D., LLC~~

Innovative Systems Design LLC

Dear Sir or Madam:

Please find attached two (2) originals of the Limited Liability Company filing for ~~M.B.I.S.D., LLC~~. Also attached is the required filing fee in the amount of \$125.00, check number 1030.

Once the stamped copy is ready please have someone contact this office and I will personally pick up the copy.

Should you have any questions please feel free to contact me at your earliest convenience. Thanking you in advance for your time and consideration in this matter.

Sincerely,

  
Robert W. Cloud, President  
Cloud Consulting

Attachments

Call when  
Ready



ARDA

Chairman's League Member

FILED  
02 JAN - 2 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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03 JAN - 2 AM 11:31  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
Of  
INNOVATIVE SYSTEMS DESIGN, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company shall be:

**INNOVATIVE SYSTEMS DESIGN, LLC**

**ARTICLE II - Address:**

The initial mailing address and the street address of the registered office of the Limited Liability Company shall be at the same location and that location shall be:

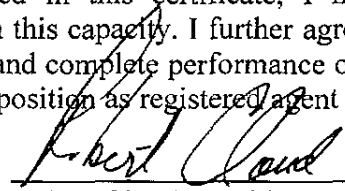
5028 Silverthorne Court  
Oldsmar, Florida 34677

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

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

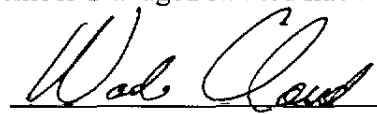
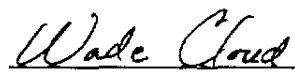
Cloud Consulting, Inc.  
2709 Blair Stone Lane  
Tallahassee, Florida 32301

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, Florida Statutes.

  
\_\_\_\_\_  
Robert Cloud, President  
Cloud Consulting, Inc.

**ARTICLE IV - Management**

The Limited Liability Company is to be a member-managed limited liability company.

  
\_\_\_\_\_  
Wade Cloud, Member  
Stored Value Solutions, LLC  
  
\_\_\_\_\_  
Name Printed

**FILED**  
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