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## Innovative Community Development Solutions, LLC

Articles of incorporation

Moniker Hunt 3203 Juanita Ave Fort Pierce, FL 34947 (772) 519-0844 Mobile office



## FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

January 10, 2003

MONIKER HUNT 3203 JUANITA AVE FORT PIERCE, FL 34947

SUBJECT: INNOVATIVE COMMUNITY DEVELOPMENTSOLUTIONS, LLC

Ref. Number: W0300000853

We have received your document for INNOVATIVE COMMUNITY DEVELOPMENTSOLUTIONS, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

We are enclosing the proper form(s) with instructions for your convenience.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6043.

Letter Number: 903A00001386

Joey Bryan Document Specialist THIS MAN PARTY TO BOOK SEE, FLORIDANS OF THE PARTY TO PAR

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| INNOVATIVE Community Development Solutions, LLC   |        |
|---|--------|
| ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:  18520 NW 67 H AVE #238 Miami, FC 33   | O      |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  |        |
| The name and the Florida street address of the registered agent are:  |        |
| 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 | · ·    |
| (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.)  Typed or printed name of signee  Filing Fees:  | m shri |
| \$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)