

Division of Corporations

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L03000021813

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : GEOFFREY M. WAYNE, P.A.
Account Number : 076770003401
Phone : (305) 381-8108
Fax Number : (305) 381-8109

SECRETARY OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

03 JUN 17 AM 8:303 JUN 17 AM 7:52

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LIMITED LIABILITY COMPANY

IVE GROUP ONE LC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

L03-21813
OK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

IVE GROUP ONE LC**ARTICLE II - Address:**

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

1201 Brickell Avenue, Suite 220, Miami, Florida, 33131-3207

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

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

GEOFFREY M. WAYNE, P.A.

Name

1201 Brickell Avenue, Suite 220Florida street address (P.O. Box **NOT** acceptable)Miami, Florida 33131-3207

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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..

Geoffrey M. Wayne

 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)

Geoffrey M. Wayne, Authorized Representative

 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.)

GEOFFREY M. WAYNE

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
 \$ 25.00 Designation of Registered Agent
 \$ 20.00 Certified Copy (OPTIONAL)
 \$ 5.00 Certificate of Status (OPTIONAL)