

L03000046920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

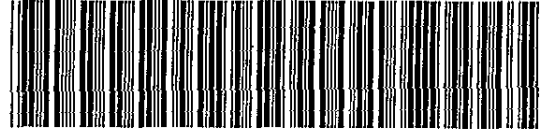
(Business Entity Name)

(Document Number)

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

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DIVISION OF REGISTRATIONS  
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RIA INNOVATIONS LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KRISHNANAND M BALWALI  
(Name of Person)

(Firm/Company)

749 PICKPAIR TERRACE  
(Address)

LAKE MARY FL 32746  
(City/State and Zip Code)

For further information concerning this matter, please call:

KRISHNANAND BALWALI at (407) 688 7513  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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ENCLOSED FEES:  
\$100 FILING FEE  
\$25 DESIGNATION REGISTERED AGENT  
\$5 CERT. OF STATUS

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RIA INNOVATIONS LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

749 PICKFAIR TERRACE

LAKE MARY

FL 32746

**Mailing Address:**

749 PICKFAIR TERRACE

LAKE MARY

FL 32746

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

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

KRISHNANAND M BALWALLI

Name

749 PICKFAIR TERRACE

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

LAKE MARY FLORIDA 32746

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, Florida Statutes..*

K Balwall

Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

KRISHNANAND M BALWALLI  
749 PICKFAIR TERRACE  
LAKE MARY FL 32746

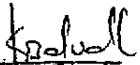
MGR

ARCHANA K BALWALLI  
749 PICKFAIR TERRACE  
LAKE MARY FL 32746

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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.)

KRISHNANAND M. BALWALLI

Typed or printed name of signer

**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)