

02/24/04 10:32 FAX 8 4 7226

Division of Corporations

LO4 0000 14628

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000039665 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : KANETSKY, MOORE & DEBOER, P.A.
Account Number : 075350000267
Phone : (941) 485-1571
Fax Number : (941) 484-7226

FILED
04 FEB 24 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 FEB 24 AM 11:47
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Intellitrov, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

*LO4-14628
TC*

H04000039665 3

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Intellitrov, LLC

ARTICLE II - Address:

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

Mailing Address
915 Laurel Ave.
Venice, FL 34285

Street Address
915 Laurel Ave.
Venice, FL 34285

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 24 AM 1:45

FILED

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

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

Marshall Munyak
915 Laurel Ave.
Venice, FL 34285

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.


Marshall Munyak

This instrument prepared by:
Erik R. Lieberman, Esq.
P. O. Box 1767
Venice, FL 34284-1767
941-485-1571
FL Bar #393053

H04000039665 3

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

Title:

"MGR" = Manager

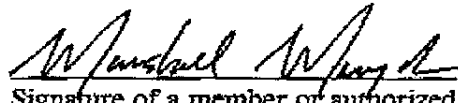
"MGRM" = Managing Member

Name and Address:

MGRM

Marshall Munyak
915 Laurel Ave.
Venice, FL 34285

REQUIRED SIGNATURE:


Signature of a member or authorized
representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Marshall Munyak

Typed or Printed Name of Signee

RECEIVED
TALLAHASSEE, FLORIDA

04 FEB 26 AM 11:45

FILED