

L04000022037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP



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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAR 23 PM 12:01
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TALLAHASSEE, FLORIDA
04 MAR 23 PM 12:01

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVENTURE PRODUCTS 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:

Chris Barris
(Name of Person)

INVENTURE PRODUCTS
(Firm/Company)

6301 S. WESTSHORE #1519
(Address)

TAMPA FL 33616
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRIS BARRIS at (813) 831-5565
(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

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
04 MAR 23 PM 12:00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INVENTURE PRODUCTS LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

INVENTURE PRODUCTS LLC
6301 S. WESTSHORE #1519
TAMPA FL 33616

← SAME

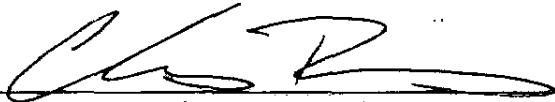
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CHRIS BARRS
Name
6301 S. WESTSHORE #1519
Florida street address (P.O. Box NOT acceptable)
TAMPA FL 33616
City, State, and Zip

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAR 23 PM 12:00

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

(CONTINUED)

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:

MGRM

CHRIS BARRS
6301 S. WESTSHORE #1579
TAMPA FL 33616

(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.)

CHRIS BARRS

Typed or printed name of signee

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)

FILED
STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
04 MAR 23 PM 12:00