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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Innovative Alternatives
(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:

John K. Wright
(Name of Person)

Innovative Alternatives
(Firm/Company)

12229 Gray Birch Circle
(Address)

Orlando, FL 32832
(City/State and Zip Code)

For further information concerning this matter, please call:

John K. Wright at (407) 427-0460
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Innovative Alternatives LLC

ARTICLE II - Address:

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

Principal Office Address:

12229 Gray Birch Cir
Orlando, FL 32832

Mailing Address:

~~PO Box 590011~~
~~32809~~
12229 Gray Birch Cir
Orlando, FL 32832

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

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

John K. Wright
Name
12229 Gray Birch Cir
Florida street address (P.O. Box **NOT** acceptable)
Orlando, FL 32832
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

John K. Wright
Registered Agent's Signature

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

John K. Wright
12229 Gray Birch Cir
Orlando, FL 32832

Mgrm

Darryl D. Wright
12229 Gray Birch Cir
Orlando, FL 32832

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

John K. Wright

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.)

John K. Wright

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)