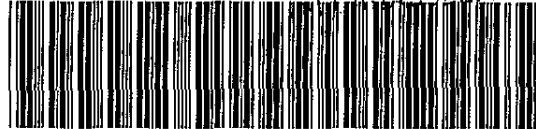


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2004 MAR 22 A 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



400030811104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Bailey Coon 3/3/04  
gave authorization  
to add LLC to name.

Office Use Only

03/23/04 -01006--016 \*\*160.00

**Innovative Financial Investments**

P.O. Box 366904  
Bonita Springs FL 34136-6904

**FILED**

2004 MAR 22 A 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom It May Concern:

Please find the enclosed articles of Organization for your review and approval.

The contact address and phone number are as follows:

Bailey Coon  
13150 Corbel Cr. #517  
Fort Myers FL 33907  
Phone (239) 878-3513

Please do not hesitate to call with any questions you may have

Thank you in advance

  
Bailey Coon

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**FILED**

**SUBJECT:** INNOVATIVE INVESTMENT STRATEGIES  
(Name of Limited Liability Company)

2004 MAR 22 A 11: 31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Jonathan Tolentino, P.A.

(Name of Person)

Jonathan Tolentino, P.A. Attorney at Law

(Firm/Company)

501 Goodlette Rd Suite D-100

(Address)

Naples Florida 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan Tolentino

(Name of Person)

at ( 239 ) 793-7788

(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**

**FILED**

2004 MAR 22 A 11: 31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

INNOVATIVE INVESTMENT STRATEGIES, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

P.O. Box 366904

Bonita Springs FL 34136-6904

**Mailing Address:**

P.O. Box 366904

Bonita Springs FL 34136-6904

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

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

Bailey Coon

Name

13150 CORBEL CR. #517

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

Fort Myers Florida 33907 FLORIDA

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..*



Registered Agent's Signature

**FILED**

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

The name and address of each Manager or Managing Member is as follows: 2004 MAR 22 A 11: 31

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

Bailey Coon

13150 Corbel CR # 517

Fort Myers FL 33907

MGRM

Moeth Johnson

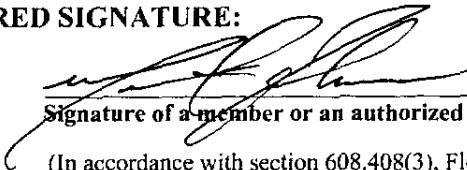
21240 Braxfield Loop

Estero FL 33928

(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.)

MOETH JOHNSON

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)