

L04000037949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

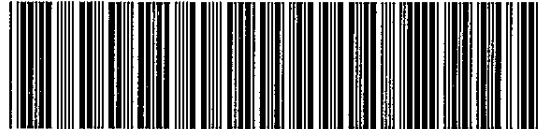
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04 MAY 19 PM 4:27

RECORDS & COMMUNICATIONS
TALLAHASSEE, FLORIDA

Bm



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 664403 4804909

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED
04 MAY 19 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 19, 2004

ORDER TIME : 2:31 PM

ORDER NO. : 664403-005

CUSTOMER NO: 4804909

CUSTOMER: Mr. Timothy D. Link
Miro Weiner & Kramer

Suite 100
38500 Woodward Avenue
Bloomfield Hill, MI 48304

DOMESTIC FILING

NAME: INNOVATIVE RESEARCH
TECHNOLOGIES, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

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

FILED
04 MAY 19 AM 1:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE I - Name:

The name of the Limited Liability Company is:

Innovative Research Technologies, LLC

ARTICLE II - Address:

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

Principal Office Address:

9801 Bay Island Drive

Tampa, Florida 33615

Mailing Address:

9801 Bay Island Drive

Tampa, Florida

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

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

William Pecora

Name

9801 Bay Island Drive

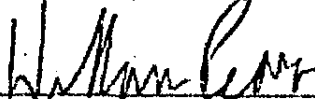
Florida street address (P.O. Box **NOT** acceptable)

Tampa

FLORIDA 33615

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

William Pecora, Registered Agent

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

Anderson Investors, LLC

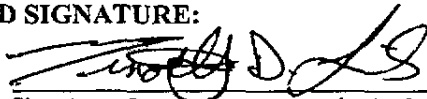
121 W. Long Lake Rd., 3rd Floor

Bloomfield Hills, MI 48304

(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.)

Timothy D. Link, Authorized Representative

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)