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* 2005 HAR 31 F SECRETARY O (Requestor's Name) (Address) (Address)	3:37 STATE LORIDA 400048999574
(City/State/Zip/Phone #)	03/31/0501031024 **155.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
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HUTCHISON, MAMELE & COOVER, P.A.

ATTORNEYS AND COUNSELORS AT LAW

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WILLIAM C. HUTCHISON, JR. (1928–1991) RICHARD L. MAMELE STEPHEN H. COOVER

* BOARD CERTIFIED MARITAL & FAMILY LAW

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PARK-FULTON BUILDING, 230 NOATH PARE AVE POST OFFICE BOX 1149 SANFORD, FLORIDA 32772-1149 (407) 322-40571 FAX (407) 320-098631 P 3: 37 SECRETARY UF STATE TALLAMASSEE, FLORIDA

March 30, 2005

Corporate Records Bureau Division of Corporations Department of State P.O. Box 6327 Tallahassee, FL 32301

Re: INTUITIVE INFORMATION INTERNATIONAL, LLC

Ladies/Gentlemen:

Enclosed please find the original and one (1) copy of the Articles of Organization for the above-referenced entity, together with my client's check in the sum of One Hundred Fifty-Five Dollars (\$155.00) for filing and return of a certified copy of the articles.

Should you have any questions, please feel free to call.

Very truly yours,

. _....

Stephen H. Coover

SHC/mjr Enclosures

- 1) Original and one copy of Articles of Organization
- 2) Check \$155.00

FILED

ARTICLES OF ORGANIZATION OF INTUITIVE INFORMATION INTERNATIONAL, LLC

2005 MAR 31 P 3: 37 SECRETARY OF STATE TALLARÁSSEE, FLÓRIDA

ARTICLE I - NAME

The name of the limited liability company is INTUITIVE INFORMATION INTERNATIONAL, LLC.

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 618 Longmeadow Circle, Longwood, FL 32779.

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

STEPHEN H. COOVER 230 NORTH PARK AVENUE SANFORD, FLORIDA 32771

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 property and complete performance of my duties, and I am familiar with, and accepts the obligations of my position as registered agent as provided for in Chapter 608, F₂S..

open Registered Agent's Signature

ARTICLE IV - MEMBER(S):

The name and address of each Member is as follows:

Title: Name and Address:

Member

_ 1

Robert M. Shydo 618 Longmeadow Circle Longwood, FL 32779

FILED IN WITNESS WHEREOF, the undersigned, as a member, has executed the

[•] foregoing Articles of Organization on the ³⁶th day of March, 2005.

2005 HAR 31 P 3: 31 5 ORIDA Robert)

(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.)

STATE OF FLORIDA COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me this day of March. 2005, by Robert M. Shydo who is [] personally known to me OR N not personally known to me and has produced a valid driver's license as identification.

Notary Public - State of Florida

My Commission Expires:

Melinda J. Rinne MY COMMISSION # DD215840 EXPIRES June 19, 2007 BONDED THRU TROY FAIN INSURANCE, INC.