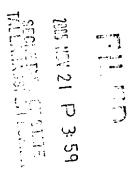
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COVER LETTER

TO: Registration S Division of C			
SUBJECT: Innov	rative International (Name of Limite	Investors, LLC d Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing	
	pondence concerning this matter		
Fauzia J			
T ddZid 0		Name of Person)	
	(Firm/Company)	
2700 W	alkers Way		
		(Address)	
Weston	, FL 33331		
	(City	/State and Zip Code)	
For further information	n concerning this matter, please	call:	
Nat Lorow		at (305) 820-92 (Area Code & Daytime Te	11
(Nam	ne of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check	for the following amount:		
₫ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$16000 Filing Fee, Certificate of Status & Certificat Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	us Maria Man

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Con	mpany is:
Innovative International Investors	
(Must end with the words "Limited Liability Comp	pany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2700 Walkers Way	same
Weston, FL 33331	
	•
	Name
2700 Walkers V	Way
	la street address (P.O. Box NOT acceptable)
Weston	FL 33331
	City, State, and Zip
liability company at the place design registered agent and agree to act in the statutes relating to the proper and co	int and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all simplete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 608, F.S.
Registered Age	ent' Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Mgrm	Fauzia Jaffer 2700 Walkers Way Weston, FL 33331	
	2700 Walkers Way	
		
		
fective date is listed, the date must be	specific and cannot be more than	
days after the date of filing.) REQUIRED SIGNATURE:		(OPTION a five business da
	421/	a five business da
REQUIRED SIGNATURE:	r or an authorized representative of a t	nember :
REQUIRED SIGNATURE: Signature of a member (In accordance with sec	r or an authorized representative of a retion 608.408(3), Florida Statutes, the exetutes an affirmation under the penalties of	nember C
Signature of a member of this document constitute that the facts stated here.	r or an authorized representative of a retion 608.408(3), Florida Statutes, the exetutes an affirmation under the penalties of erein are true.)	nember Coution Coution Perjury
Signature of a member of this document constitute that the facts stated here.	r or an authorized representative of a retion 608.408(3), Florida Statutes, the exetutes an affirmation under the penalties of	nember C cution