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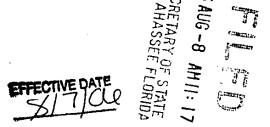
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special last westing to Filips Office.					
Special Instructions to Filing Officer:					
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COVER LETTER

Division of Co			
SUBJECT: Inno	vative Digital Office S	olutions	
	(Name of Limite	d Liability Company)	
The enclosed Articles of	of Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	oondence concerning this matte	er to the following:	
	Joel F. Mulach		•
	(1	Name of Person)	
	Innovative Digital Of	fice Solutions	
	(Firm/Company)	
	Po BOx 548		
		(Address)	
	Palm City, Florida	34991	
		/State and Zip Code)	
For further information	concerning this matter, please	call:	
Joel F	. Mulach	at (772) 215-966°	1
(Name	e of Person)	at (772) 215-966	lephone Number)
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	✓ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns

06 AUG -8 AMII: 17
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Innovative Digital Office Solutions LLC (Must end with the words "Limited Liability Company, "Limite	d Company" or their obbassistics W.I.C." on W.C. "
(Must end with the words Elimited Elaonity Company, Elimite	a Company of their appreviation LLC, of L.C.,
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1729 SW Waterfall Blvd Palm City, Fl 34990	Po Box 548, Palm City, Florida 34990
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r	ered Agent. You must designate an individual or another
Joel F. Mulach	
Name	
1729 SW Waterfall Blvd	
Florida street add	iress (P.O. Box <u>NOT</u> acceptable)
	_{FL} 34990
City, State, a	and Zip
	accept service of process for the above stated limited his certificate, I hereby accept the appointment as

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 OG AUG -8 AHII: 17

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Man	ager.	Name and Address:			
	anaging Member				
MGRM		Joel F. Mulach			
		1729 SW Waterfall Blvd			
		Palm City, Florida 34990			
(Use attachmer	nt if necessary)				
ARTICLE V: Effectiv	e date, if other than the da	ite of filing: August 7, 2006	(OPTION	NAL)	
If an effective date is l	isted, the date must be s	pecific and cannot be more than five b	usiness d	ays pri	or
to or 90 days after the	date of filing.)				
REQUIRED S	SIGNATURE:	1 1			
	and the	Eul L			
	Signature of a member of	or an authorized representative of a member.			
	(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)			
	Joel F. Mulac		TA'S	9	
	Турес	d or printed name of signee	ECRE	5 AUG	Ţ

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE