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SECRETARY OF STATE
SHALKSSEF FLORIDA

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COVER LETTER

TO: Registration Sec Division of Cor				
SUBJECT: ABLTech Innovations LLC (Name of Limited Liability Company)				
	(Name of Littleed	Liability Compa.	пу)	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing		
Please return all correspo	ondence concerning this matter	r to the fullowing:	:	
Frank Webl		,		
	()	Name of Person)		
ABLTech In	novations LLC			
	(1	Firm/Company)		
1687 Henl	ey Road, NW			
		(Address)		
Palm Bay,	FL 32907			
	(City/	State and Zip Code)	
For further information	concerning this matter, please	call:		
Frank Webbe		at (321 (Area Code	725-377	0
(Name	of Person)	(Area Code	e & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy	у	\$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	Registrati Division Clifton B 2661 Exc	ourfer Addression Section of Corporatio Building	ns · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ACTIONS OF CHOICE IN THE TOTAL	
ARTICLE I - Name: The name of the Limited Liability Company is:	
ABLTech Innovations LLC (Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "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:
1687 Henley Road NW	1687 Henley Road NW
Palm Bay, FL 32907	Palm Bay, FL 32907
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the registration. Frank Webbe Name	
1687 Henley Road, NW	dress (P.O. Box NOT acceptable)
	dress (P.O. Box NOT acceptable)
Palm Bay, FL 32907	FL
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete particles accept the obligations of my position as regi	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signa	ture (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** Frank Webbe 1687 Henley Road NW Palm Bay, FL 32907 MGRM Shirley Ann Becker 205 Birch Avenue Melbourne Beach, FL 32951 MGRM Mary Beth Minser 8417 White Oak Road St. Cloud, MN 56301 **MGRM** David Fassino 20 Birch Avenue Melbourne Beach, FL 32951 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.)

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)

Page 2 of 2

Frank Webbe

Typed or printed name of signee