

**LD6000119908**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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From: Account Name : EMPIRE CORPORATE KIT COMPANY  
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SECRETARY OF STATE  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**INNOVENTIONS INTERNATIONAL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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Corporate Filing Menu

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December 14, 2006

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EMPIRE

SUBJECT: INNOVENTIONS INTERNATIONAL, LLC  
REF: W06000053815

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Letter Number: 406A00071104

P.O BOX 6327 - Tallahassee, Florida 32314

H00000294447

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Innoventions International, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

660 Crandon Blvd.  
Suite 101  
Key Biscayne, Florida 33149

**Mailing Address:**

660 Crandon Blvd.  
Suite 101  
Key Biscayne, Florida 33149

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

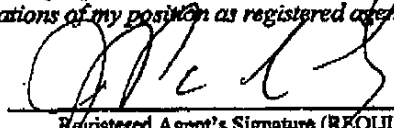
Jose I. Padial, CPA  
Name

2600 S. Douglas Rd., Ph-6  
Florida street address (P.O. Box **NOT** acceptable)

Coral Gables, Florida 33134 FL  
City, State, and Zip

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*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

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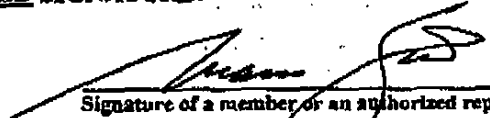
**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Fernando H. Mercenari 600 Crandon Blvd., Suite 101 Key Biscayne, Florida 33149

(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.)  
 Mauro C. Santos, Esq.  
 Typed or printed name of signer

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**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)

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