

LD6000122185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

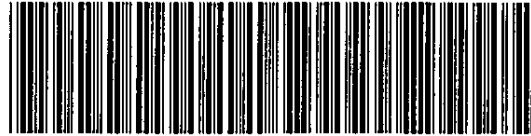
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Special Instructions to Filing Officer:

*SDM*

*LLC*

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
06 DEC 26 PM 4:44

Florida Department of State  
Division of Corporations  
Registration Section  
PO Box 6327  
Tallahassee, FL 32314  
PH- 850-245-6051

Dec 16, 2006

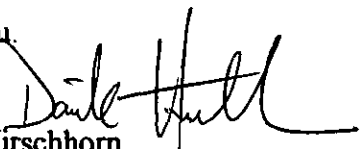
To Whom It May Concern:

Please process the application (three pages) for the creation of a LLC. Please return and/or mail all correspondence (including Certificate) to the address below:

Derrick Hirschhorn  
PO Box 247  
111 21 Prague 1  
Czech Rep.

Thank you.

Regards,  
Derrick Hirschhorn

A handwritten signature in black ink, appearing to read "Derrick Hirschhorn", written over the printed name.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FOREIGN INNOVATIONS, Limited Company  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Derrick Hirschhorn  
(Name of Person)

(Firm/Company)

119 Applewood Dr.  
(Address)

Lake Worth, FL 33463  
(City/State and Zip Code)

For further information concerning this matter, please call:

Derrick Hirschhorn at ( 561 ) 433-8363  
(Name of Person) (Area Code & Daytime Telephone 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)    ☒ \$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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

FOREIGN INNOVATIONS Limited Company.

(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:

119 Applewood Dr  
Lake Worth, FL  
33463

### Mailing Address:

↓ Foreign address  
Foreign Innovations, Limited Co.  
PO Box 247  
Prague, Czech Rep 11121

## 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:

Derrick Hirschhorn  
Name

119 Applewood DR  
Florida street address (P.O. Box **NOT** acceptable)

LAKE Worth, FL 33463  
City, State, and Zip

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DIVISION OF CORPORATION  
06 DEC 26 PM 4:45

*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..*

Derrick Hirschhorn  
Registered Agent's Signature (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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

**Name and Address:**

Derrick Hirschhorn

119 Applewood DR.

Lake Worth, FL 33463

(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:**

Derrick Hirschhorn

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.)

Derrick Hirschhorn

Typed or printed name of signee

**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)