Division of Corporations



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Division of Corporations

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From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number: I20010000247 Phone (800) 494-3124 Fax Number : (305)675-2811

## LORIDA/FOREIGN LIMITED LIABILITY CO.

#### Innovia LLC

Certificate of Status	0
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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

INNOVIA LLC

ARTICLE II: Address

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

6418 LA COSTA DR APT 101

**BOCA RATON FLORIDA 33433** 

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

CHRIS LIVA

6418 LA COSTA DR APT 101

**BOCA RATON FLORIDA 33433** 

Having been named as registered agent 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

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**INNOVIA LLC** 

#### ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

#### ARTICLE V: MEMBERS (optional)

#### MANAGING MEMBER:

SARAH RIGANO 6418 LA COSTA DR APT 101 BOCA RATON FLORIDA 33433

#### **MANAGING MEMBER:**

**CHRIS LIVA** 

6418 LA COSTA DR APT 101 BOCA RATON FLORIDA 33433

Chris Liva,

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.)

**CHRIS LIVA**