

109000052874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

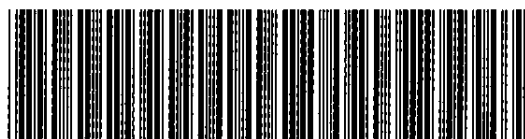
Special Instructions to Filing Officer:

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JUN - 2 2009

EXAMINED



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN - 1 AM 8:47

purpose

609-24621

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Innate Enterprises, PLLC
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:

Dr. Jonn A. McClellan

Name of Person

Innate Enterprises, PLLC

Firm/Company

5029 Sesame Street

Address

Palm Beach Gardens, FL 33418

City/State and Zip Code

chirojonnymac@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rene Webster

Name of Person

at (561) 951-7210

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:

IN8 ENTERPRISES, PLLC

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

ARTICLE II - Address:

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

Principal Office Address:**Mailing Address:**

5029 Sesame Street
Palm Beach Gardens, FL 33418

5029 Sesame Street
Palm Beach Gardens, FL 33418

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:

Dr. Jonn A. McClellan

Name

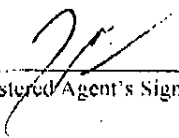
5029 Sesame Street

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

Palm Beach Gardens FL

City, State, and Zip

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)

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DIVISION OF CORPORATE & BUSINESS SERVICES

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRDr. Jonn A. McClellan5029 Sesame StreetPalm Beach Gardens, FL 33418

(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.)

Jonn A. McClellan

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)

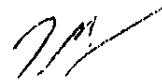
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June 1, 2009

TO: Florida Department of State
Division of Corporations

Re: IN8 ENTERPRISES, PLLC

Please be advised the specific purpose of the entity mentioned above is to provide
chiropractic care.



John A. McClellan
Manager
IN8 ENTERPRISES, PLLC