

L04000106333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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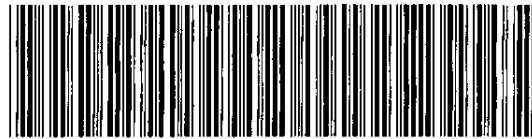
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

09 NOV - 4 PM 4:36

B. KOHR

NOV 5 2009

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 11/04/09

REF. #: 000177.114164

CORP. NAME: FLORIDA INNOVATION PARTNERS, LLC

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- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 532471 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
FLORIDA INNOVATION PARTNERS, LLC**

The undersigned, being authorized to execute and file these Articles of Organization of Florida Innovation Partners, LLC (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

Florida Innovation Partners, LLC

ARTICLE II — Address:

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

11350 SW Village Parkway
3rd Floor
Port St. Lucie, Florida 34987

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

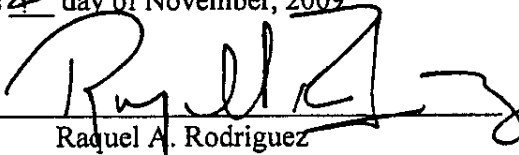
Raquel A. Rodriguez
201 S. Biscayne Blvd., 22nd Floor
Miami, Florida 33131

ARTICLE V — Management:

The Limited Liability Company will be a member-managed company.

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IN WITNESS WHEREOF, the undersigned, as an Authorized Signatory, has executed the foregoing Articles of Organization as of this 4 day of November, 2009



Raquel A. Rodriguez

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

FLORIDA INNOVATION PARTNERS, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, Florida Statutes.


RAQUEL A. RODRIGUEZ

Dated: November 4, 2009