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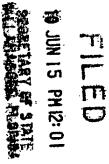
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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W1-27458

J. BRYAN
JUN 1 6 2010
EXAMINER





FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2010

ANGELA CRACIUN 481 1ST STREET SW NAPLES, FL 34117

SUBJECT: INSTALLATIONS, LLC Ref. Number: W10000027458



The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is #F02000000017, INSTALLATIONS INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 110A00014177

Joey Bryan Regulatory Specialist II TILED OF

COVER LETTER

TO: Registration Section Division of Corpora		
SUBJECT: INNOVATIVE		-
	Name of Limited Liability Company	
The enclosed Articles of Orga	anization and fee(s) are submitted for filing.	
Please return all corresponder	nce concerning this matter to the following:	8 5
ANGELA CRACIU	N	位三
	Name of Person	
	Firm/Company	12
481 1ST STREET	sw	
	Address	
NAPLES, FL 3411		
	City/State and Zip Code	
	dfencing@comcast.net	
	-mail address: (to be used for future annual report notification) erning this matter, please call:	
ANGELA CRACIUN	at (239)919.2852	
Name of Per	Area Code & Daytime Telephone Number	_

Enclosed is a check for the following amount:

□\$125.00 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 850 245 6030

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

INNOVATIVE INSTALLERS, LLC

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

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Contains

Principal Office Address:	Mailing Address:		
81 1ST STREET SW	481 1ST STREET SW		
NAPLES, FL 34117	NAPLES, FL 34117		

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:

ANGELA (CRACIUN
	Name
481 1ST S	STREET SW
	Florida street address (P.O. Box NOT acceptable)
NAPLES	FI, 34117
	City, State, and Zip

Ilaving 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

850 245 6030

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR ANGELA CRAÇIUN 481 1ST STREET SW NAPLES, FL 34117 **MGRM** JOE CRACIUN 481 1ST STREET SW NAPLES, FL 34117 (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.) ANGELA CRACIUN

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)

Typed or printed name of signee