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D. BRUCE
JUL 20 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Innovative Opportunity Investment Name of Limited Liability Company	H:
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Nita Kasan	
Name of Person	
Innovative Excellence, Inc.	
270 Petrel Trail	
Address	
Bradenton HL 34212	
NJK7@ Verizon. net EE ?	p=#13
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	-
Name of Person at (239) 537 - 968 Area Code & Daytime Telephone Number 25 23	7
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status & 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

The name of the Limite	ed Liability Company is:	
	Opportunity Investments, d with the words "Limited Liability Company" "L.L.C.," or "LLC.")	LLC

ARTICLE II - Address:

Principal Office Address:

ARTICLE I - Name:

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

Mailing Address:

mpany cannot serve as its own Registered Agent. You must	
lorida street address of the registered agent a	re:
Nita Kasan	TO J
Name	
270 Petrel	rail is so
Florida street address (P.O. Box NOT	acceptable)
Bradenton, FL 34	
) L	Plorida street address (P.O. Box NOT

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)
Page 1 of 2

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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.) Typed or printed name of signee

Filing Fees:

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

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)