

Mar 21 2011 7:51 PM

HP RS RJ

L11000034383

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000074087 3)))



H110000740873ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

MAR 22 2011

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9685

EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Team Innovations, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

11 MAR 21 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 21 AM 10:32

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

4-11000074087-3

**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:

TEAM INNOVATIONS, LLC

ARTICLE II ADDRESS

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

8632 WOODBRIAR DRIVE
SARASOTA, FLORIDA 34238

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

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

CONCETTA BIBENS
8632 WOODBRIAR DRIVE
SARASOTA, FLORIDA 34238

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.

x 

CONCETTA BIBENS / Registered Agent's signature

4-11000074087-3

FILED
11 MAR 21 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#11000074087-3

PAGE 2 TEAM INNOVATIONS, 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

CONCETTA BIBENS

8632 WOODBRIAR DRIVE

SARASOTA, FLORIDA 34238

MANAGING MEMBER

MELFORD BIBENS

8632 WOODBRIAR DRIVE

SARASOTA, FLORIDA 34238

.....

x *Concetta Bibens*

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.

CONCETTA BIBENS

#11000074087-3