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(Business Entity Name)
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Certified Copies Certificates of Status

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**EXAMINER** 

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## COVER LETTER

No	Division of Corporations	
in the second se	SUBJECT: Innovations Factory	
	Name of Limited Liability Company	
er Grand Berger	The enclosed Articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	Marilyn Snider	
	Name of Person	
enter	Firm/Company	
	1315 Panama Place	ZOII SE TAL
	Address	DET DEST
C.F.	Lady Lake, FL 32159 City/State and Zip Code	ASSE ASSE
	marilynjsnider@gmail.com	第2
	E-mail address: (to be used for future annual report notification)	ATE ORID
1. 14	For further information concerning this matter, please call:	P
	Marilyn Sniderat ( 352) 217-8779	
	Name of Person Area Code & Daytime Telephone Number	
and the second	Enclosed is a check for the following amount:	
	(additional copy is enclosed) Certified C	of Status &
<u>.</u>	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Mailing Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	Fig. 2. Call 4. Carrier Section 18 18 18 18 18 18 18 18 18 18 18 18 18	

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	CL	$\mathbf{E}$	Ĭ -	Na	me:

The name of the Limited Liability Company is:

### Innovations Factory LLC

(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:
1315 Panama Place	1315 Panama Place
Lady Lake, Florida 32159	Lady Lake, Florida 32159

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:

Marilyn Snide	er
	Name
1315 Pana	ama Place
Fic	orida street address (P.O. Box NOT acceptable
Lady Lake	<sub>FL</sub> 32159
	City. State, and Zip

Having been named as registered agent and to accept service of process for the above stated imited liability company at the place designated in this certificate. I hereby accept the application is 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.,

egistered Agen's Signature (REOLIRED)

(CONTINUED)

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

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

Manager	Marilyn Snider	Ma
	1315 Panama Place	
	Lady Lake, Fl 32159	95
		Öm
		<del></del>

(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:**

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

#### Marilyn Snider

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)