## L14000050666

(Red	uestor's Name)	
(Add	ress)	
(Add	ress)	
`	,	
(City)	/State/Zip/Phone	. #N
(Oity.	Otate/Zip/i Hone	, <del>11</del> )
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
÷		
(Doc	ument Number)	
Certified Copies	Certificates	of Status
	· <del>-</del>	
Special Instructions to F	iling Officer:	]
		1

Office Use Only



400258122944

03/24/14--01012--005 \*\*130.00

SECRETARY OF STATE

14 MSR 24 PM 1:20

C. LEWIS

MAR 2 7 2014

EXAMINER

## COVER LETTER

	legistration	Section orporations		•
SUBJECT	Γ: <u>Intellico S</u>	Solutions, LLC		
		Name of Lir	nited Liability Company	
The enclos	sed Articles	of Organization and fee(s) at	re submitted for filing.	
Please ren	ırn all corres	pondence concerning this m	atter to the following:	
	Sarah Jone	ovich		
			Name of Person	
	Intellica So	lutions, LLC		
	Intellico 30	iduons, LLC	Firm/Company	
	PO Box 21	1684	Address	
	Poval Polm	Beach, FL 33421		
	rtoyurr um		City/State and Zip Code	<del></del>
sarah	@jonovichlav	v.com F-mail address: (to be use	d for future annual report notific	ation)
Ean Coutha	m im formation	concerning this matter, plea	•	usion
ror lutine	r mormatioi	reoncerning this matter, pies	asc can.	
Sarah Jone		at (_!		
	Nam	e of Person	Area Code Daytime Te	lephone Number
Enclosed i	is a check fo	r the following amount:		
□ \$125.00 F	iling Fee	2\$130.00 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Intellico Solutions,		ited Liability Company, "L.L.C.," or "LLC.")	
	(Mast end with the words Diff.	near Elacitics Company, E.E.C., or EEC. y	
ARTICLE II - Ad The mailing address	<del>-</del>	al office of the Limited Liability Company is:	
Principal Office A	Address:	Mailing Address:	
13046 82nd Lane	N	PO Box 211684	
		Royal Palm Beach, FL 33421	
West Palm Beach	, FL 33412	respect to the bodow, the content	
ARTICLE III - R	egistered Agent, Registered Offi	ice, & Registered Agent's Signature: own Registered Agent. You must designate an individ	ual or
ARTICLE III - R (The Limited Liab another business e	egistered Agent, Registered Offi	ice, & Registered Agent's Signature:  own Registered Agent. You must designate an individuation.)	14 14 14 14 14 14 14 14 14 14 14 14 14 1
ARTICLE III - R (The Limited Liab another business e	egistered Agent, Registered Officiality Company cannot serve as its centity with an active Florida registres. Florida street address of the registres.	ice, & Registered Agent's Signature:  own Registered Agent. You must designate an individuation.)	14 F
ARTICLE III - R (The Limited Liab another business e	egistered Agent, Registered Offi ility Company cannot serve as its o entity with an active Florida registr Florida street address of the registr Sarah Jonovich N	ice, & Registered Agent's Signature:  own Registered Agent. You must designate an individuation.)	14 F
ARTICLE III - R (The Limited Liab another business e	egistered Agent, Registered Officility Company cannot serve as its centity with an active Florida registres. Florida street address of the registres.  Sarah Jonovich	ice, & Registered Agent's Signature:  own Registered Agent. You must designate an individuation.)	14 MAR 24 PM 1: SECHCTARY OF SIL TALLAHASSEE, FLO
ARTICLE III - R (The Limited Liab another business e	egistered Agent, Registered Offi ility Company cannot serve as its o entity with an active Florida registr Florida street address of the registr Sarah Jonovich N	ice, & Registered Agent's Signature:  own Registered Agent. You must designate an individuation.)	14 MAR 24 PM I SECRETARY OF S TALL AHASSES, FL

of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized M	Name and Address:	SECRETARY OF SIM TALLAHASSEE, FLO
"MGR" = Manager	ienibei	
MGR	Sarah Jonovich	
	13046 82nd Lane N	
	West Palm Beach, FL 33412	
		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
		<del></del>
	_	
(Use attachment if necessary	•	
TICLE V: Effective date, if other	ary) er than the date of filing: ate must be specific and cannot be more than five busin	(OPTIONAL) ess days prior to or 90 days after
RTICLE V: Effective date, if other	er than the date of filing:ate must be specific and cannot be more than five busin	(OPTIONAL) less days prior to or 90 days after
ATICLE V: Effective date, if other an effective date is listed, the decorate of filing.)  ATICLE VI: Other provisions, if	er than the date of filing:  ate must be specific and cannot be more than five busin  any.	(OPTIONAL) ess days prior to or 90 days after
TICLE V: Effective date, if other an effective date is listed, the decidate of filing.)	ate must be specific and cannot be more than five busin  any.	(OPTIONAL)  less days prior to or 90 days after
TICLE V: Effective date, if other an effective date is listed, the didate of filing.)  TICLE VI: Other provisions, if an effective date is listed, the didate of filing.)  REQUIRED SIGNATURED SIGNATURE SIGNA	ate must be specific and cannot be more than five busing any.  RE:  nature of a member or an authorized representative of with section 605.0203 (1) (b), Florida Statutes, the execut ffirmation under the penalties of perjury that the facts statuany false information submitted in a document to the Dep	f a member.  ion of this document ed herein are true.
TICLE V: Effective date, if other an effective date is listed, the didate of filing.)  TICLE VI: Other provisions, if an accordance constitutes an air am aware that constitutes a thirm.	ate must be specific and cannot be more than five busing any.  RE:  Analysis of a member of an authorized representative of with section 605.0203 (1) (b), Florida Statutes, the execut ffirmation under the penalties of perjury that the facts statutes of perjury that the facts statutes are represented to the penalties of perjury that the facts statutes are represented to the penalties of perjury that the facts statutes are represented to the penalties of perjury that the facts statutes are represented to the penalties of perjury that the facts statutes are represented to the penalties of perjury that the facts statutes are represented to the penalties of perjury that the facts statutes are represented to the penalties of perjury that the facts statutes are represented to the penalties of perjury that the facts statutes are represented to the penalties of perjury that the facts statutes are represented to the penalties of perjury that the facts statutes are represented to the penalties of perjury that the facts statutes are represented to the penalties of perjury that the facts statutes are represented to the penalties of perjury that the facts statutes are represented to the penalties of perjury that the facts statutes are represented to the penalties of penalties of penalties are represented to the penalties are respectively and the penalties are represented to the penalties are	f a member.  ion of this document ed herein are true.

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)