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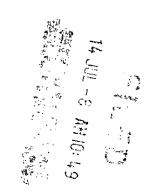
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COVER LETTER

Division of	Corporations	•	
subject: <u>Fer</u>		Con Solutions mited Liability Company	,,LLC
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	natter to the following:	
	Michael Ferr	Name of Person	······································
	4,000,000,000,000,000,000,000,000,000,0	Firm/Company	
8	33201 Old H	ighway unit:	324
	Islamorada	FL 33036 City/State and Zip Code	
		d for future annual report notifica	
For further information	on concerning this matter, plea	ase call:	
Michael F Nar	ne of Person	513 ; 675 - 02 Area Code Daytime Te	54 lephone Number
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	\$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)
Ma	ilina Addroce	Street/Courier Add	Macs

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:
Ferrari Innovation Solutions, 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:
83201 Old Highway same as principal office Unit 324 Tslamorada, FL 33036
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:
Michael Ferrari Name
83201 Old Highway #324 Florida street address (P.O. Box NOT acceptable)
Islamorada FL 33036 City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company 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 605, F.S
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2
AH 10: LS

(T):41	
<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Mil E
1400	Michael terrary unit 324
MGR	Janorade FL 33036
	JEIAMDIANO, PL 38036
	Deanna Ferrari
Assistant	83201 Old Highway unit 324
MGR	Islamorada 5 + 133036
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(Use attachment if necessary)	
(000 0000000))	
e of filing.)	specific and cannot be more than five business days prior to or 90 day
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REQUIRED SIGNATURE:	Tout Ferrari
REQUIRED SIGNATURE: Signature of a	member or an authorized representative of a member.
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REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u	member or an authorized representative of a member. a 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
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'ARTICLE IV-