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# FLORIDA LIMITED LIABILITY CO. INNOVATIVE CLIENT SERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

# INNOVATIVE CLIENT SERVICES LLC

## ARTICLE I - Name:

The name of the Limited Liability Company is: INNOVATIVE CLIENT SERVICES LLC

# **ARTICLE II - Address:**

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

Principal Office Address:

343 SW 187TH TER.

PEMBROKE PINES, FL 33029

Mailing Address:

343 SW 187TH TER.

PEMBROKE PINES, FL 33029

#### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must design an individual or another business entity with an active Florida registration.)

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

ELEANE ANDINO 343 SW 187TH TER. PEMBROKE PINES, FL 33029

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 605, F.S..

Registered Agent's Signature (REQUIRED)

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Page 1 of 2

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#### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

ELEANE ANDINO 343 SW 187TH TER. PEMBROKE PINES, FL 33029 MGR.

## **ARTICLE V-**

Effective date, if other than the date of filling: (OPTIONAL). (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.)

IN WITNESS THEREOF, the undersigned has executed these ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY this 13TH DAY OF AUGUST, 2014.

SIGNATURE:

ELEANE ANDINO, MGR

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.)

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SECRETARY OF STATE