

LI5000071207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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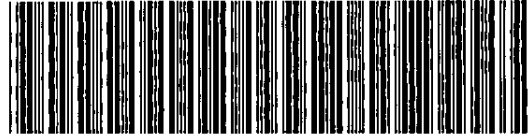
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 FEB 13 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers FEB 20 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Innovative Design Solutions of Southwest Florida, LLC.**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Huffman  
Name of Person

\_\_\_\_\_  
Firm/Company

670 Goodlette Frank Road, Suite 200, Unit 15  
Address

Naples, FL 34102  
City/State and Zip Code

john.t.huffman@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Huffman at ( 239 ) 595-6805  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

**INNOVATIVE DESIGN SOLUTIONS OF SOUTHWEST FLORIDA, LLC.**

**ARTICLE II – Address:**

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

670 Goodlette Frank Road.  
Suite 200, Unit 15  
Naples FL 34102

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

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

John Huffman  
670 Goodlette Frank Road.  
Suite 200, Unit 15  
Naples FL 34102

*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

**ARTICLE IV – Operating Agreement**

An Operating Agreement, governed under Chapter 605.0105 F.S. will be entered into by the members of this Limited Liability Company.

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE V –**

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

**Title:**

“AMBR” = Authorized Member

“MGR” = Manager

**Name and Address:**

**AMBR**

John Huffman  
7524 Bristol Circle  
Naples, FL 34120

**AMBR**

Christopher West  
5396 25<sup>th</sup> Ave SW  
Naples, FL 34116

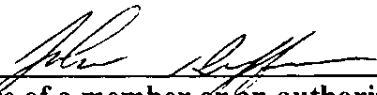
**AMBR**

Larry West  
670 Goodlette Frank Rd  
Suite 200, Unit 16  
Naples, FL 34102

**ARTICLE VI –**

Effective date: **February 10, 2015**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**  
(In accordance with 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 in s.817.155, F.S.)

**John Huffman**

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)**

**FILED**  
**15 FEB 13 AM 8:55**  
TAMPA COUNTY CLERK  
STATE OF FLORIDA