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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
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Certified Copies	Certificates o	f Status
Special Instructions to	o Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Division of	n Section Corporations		
SUBJE	CT: <u>Inovus</u>	Solutions, LLC Name of Li	mited Liability Company	
The end	closed Articles	s of Organization and fee(s) a	are submitted for filing.	
Please	return ail corre	espondence concerning this n	natter to the following:	
	John P.	Murphy, Jr.		
			Name of Person	
	Inovus S	Solutions, LLC		
		oldidio, End	Firm/Company	
				33 2
	12839 D	arby Ridge Dr		
			Address	7.5
				2 2
	Tampa.		0. 10. 171 0.1	
		•	City/State and Zip Code	•
jpr	nurph76@gn	nail.com F-mail address: (to be use	ed for future annual report notific	ation)
		·	•	
For furt	ther informatio	on concerning this matter, ple	ease call:	
<u>John F</u>	Murohy, Jr Nan	ne of Person	813) 310-4139 Area Code Daytime Te	lephone Number
	11441	ac of reison	Area Code Daytime re	reprotte Number
Enclose	ed is a check fo	or the following amount:		
_	0 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)
		iling Address istration Section	Street/Courier Add Registration Section	ress

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Inovus 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	f the principal office of the Limited Liability Company is:
Principal Office Address;	Mailing Address:
12839 Darby Ridge Dr.	12839 Darby Ridge Dr.
Tampa. FL 33624	
(The Limited Liability Company cannot	
	serve as its own Registered Agent. You must designate an individual registration.)
(The Limited Liability Company cannot another business entity with an active F	serve as its own Registered Agent. You must designate an individual registration.) of the registered agent are:
(The Limited Liability Company cannot another business entity with an active F The name and the Florida street address John P. Murph	serve as its own Registered Agent. You must designate an individual registration.) of the registered agent are: Name
(The Limited Liability Company cannot another business entity with an active F The name and the Florida street address John P. Murph	serve as its own Registered Agent. You must designate an individual registration.) of the registered agent are: y. Jr. Name idge Dr.
(The Limited Liability Company cannot another business entity with an active F The name and the Florida street address John P. Murph	serve as its own Registered Agent. You must designate an individual registration.) of the registered agent are: Name
(The Limited Liability Company cannot another business entity with an active F The name and the Florida street address John P. Murph	serve as its own Registered Agent. You must designate an individual registration.) of the registered agent are: y. Jr. Name idge Dr.

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 (REQUIRE)

(CONTINUED)

Page 1 of 2

STORETARY OF STATE

AMBR" = Authorized Member MGR" = Manager MGR John P. Murphy. Jr. 12839 Darby Ridge Dr. Tampa. FL 33624 Use attachment if necessary) V: Effective date, if other than the date of filing: tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Noridas tatutes, the execution of this document constitutes an affirmation under the penalties of persury 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.) John P. Murphy. Jr. Typed or printed name of signee	litle:	Name and Address:
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Use attachment if necessary) V: Effective date, if other than the date of filing:	MGR" = Manager	
Use attachment if necessary) V: Effective date, if other than the date of filing:	MGR	John P. Murphy, Jr.
Use attachment if necessary) E. V. Effective date, if other than the date of filing:		12839 Darby Ridge Dr.
EV: Effective date, if other than the date of filing:		Tampa, FL 33624
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