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(Re	equestor's Name)	
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Certified Copies	Certificates	of Status
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N. B. B. R. U.C.E. D. B. R. U.C.E.

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Innovative Building Development, 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:		
Robert Hogg, Jr. Name of Person	_	
Innovative Building Development, LLC Firm/Company	-	
Innovative Building Development, LC Firm/Company 901 NW 1415+ Avenue, Ap+ #11-108 Address	-	
Pembroke Ping FL, 33025 City/State and Zip Code Thogga gmail. Com E-mail address: (to be used for future annual report notification)	_	
rhogg@gmail.com	2015	क्षाञ्चर
	2015 HAR	# · [
For further information concerning this matter, please call:	_	
Robert Flogg Jr. at (423) 3/6-1289 Name of Person Area Code Daytime Telephone Number	P# 3: 3	
Enclosed is a check for the following amount:	1 —	
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status □ \$155.00 Filing Fee & Certificate of Status □ Certified Copy (additional copy is enclosed) □ Certified Copy (additional copy is enclosed)		
Mailing Address Street/Courier Address		

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:

Building I) evelo	pment.	LLC		
with the words "Limited	Liability Cor	mpany, "L.L.C.,"	" or "LLC.")	_	
address of the principal of	ffice of the L	imited Liability (Company is:		
	Mailing A	Address:			
Apt 11-108 330 88	901 Pent	NW 141 Et A.	rice, +p+++, FL, 2300	11-69	
y cannot serve as its own active Florida registration address of the registered Name Name	Registered An.) agent are: y NOT accep	Ap+ 11-10, table)	designate an indi	2015 MAR I I PM 3:31 BRITISHAR I I PM 3:31	
	gent, Registered Office, a y cannot serve as its own active Florida registration address of the registered Name O NW 1412± a street address (P.O. Box	Mailing Apt 11-109 330 98 Gent, Registered Office, & Registered of the Polyton of the Registered of the registered agent are: Robert Hogg Jr. Name O NW 1412 April 12 April 12 April 12 April 14 April	Mailing Address: Mailing Address:	Mailing Address: Mailing Address: 4pt 11-108 901 NW 1412t Lunce, Left Plantower Pines, Fe, 3306 gent, Registered Office, & Registered Agent's Signature: y cannot serve as its own Registered Agent. You must designate an indactive Florida registration.) address of the registered agent are: Robert Hogg, Jr. Name Name Now 1412t Avenue, Apt 11-108	Mailing Address: Apt 11-109

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..

(CONTINUED)

Registered Agen 's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Garrison Salters 901 NW 141 = Avenue fot +11-10x Pembrue Pines, 7, 3300
	
(Use attachment if necessary)	
EV: Effective date, if other than the descrive date is listed, the date must be of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
	specific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than the directive date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a light of the date in the direction of the date in the date	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)