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EFFECTIVE DATE

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S. GILBERT

4

COVER LETTER

	ration Section on of Corporations	Attentio.	n: Sylvi	a Gilbert
SUBJECT:	zetical Innovations & Sc	lutions, LLC		
	N	ame of Limited Liabi	lity Company	
The enclosed A	rticles of Organization ar	id fec(s) are submitte	d for filing.	
Picase return all	correspondence concern	ing this matter to the	following:	
Dav	rid Phelps			
		Name o	f Person	
Pra	ctical Innovations & Sol	utions, LLC		
		Firm/C	ompany	
150	0 Beville Road - Suite 6	06 - Box 210		
		Add	ìress	
Day	rtona Beach, Florida 321	14-3644		
dave	pmev@gmail.com	Cîty/State a	nd Zip Code	
	E-mail address:	(to be used for future	annual report notifica	ition)
Por further inform	ation concerning this ma	atter, please call:		
C	David Phelps	386 at (871-7138	
	Name of Person	Area Code	Daytime Telepho	ne Number
Enclosed is a ch	eck for the following am	ount:		
\$125.00 Filing &	Fee S130.00 Filin Certificate of	Status — Certi	.00 Filing Fee & fied Copy mai copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: EFFECTIVE DATE - /-/-/6 The name of the Limited Liability Company is: Practical Innovations & Solutions, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 1500 Beville Road 1500 Beville Road Suite 606 - Box 210 Suite 606 - Box 210 Daytona Beach, Florida 32114-5644 Daytona Beach, Florida 32114-5644 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: David Phelps Name 1516 Fort Smith Blvd Florida street address (P.O. Box NOT acceptable)

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.

State

Deltona, Florida 32725 City

Registered regent's Signature (REQUIRED)

Zip

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" - Authorized M	mber
"MGR" - Manager	The Wholes Family
MGR	The Phelps Family 1500 Beville Road - Suite 606 - Box 210
	Daytona Beach, Florida, 32114-5644
	the state of the s
EV: Effective date, if oth ective date is listed, the da of filing.)	than the date of filing: January 1, 2016 (OPTIONAL) to must be specific and cannot be more than five business days prior to or 90
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