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02/25/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Innovationa Solutions, 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:

LURENA REAVES

Name of Person

Innovationa Solutions, LLC

Firm/Company

1631 Rock Springs Rd STE 371

Address

Apopka FL 32712

City/State and Zip Code

InnovationaSolutionsLLC@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lurena Reaves 407 285 5014

Rosa Williams at (407 235 4047)

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 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)

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 I - Name:

The name of the Limited Liability Company is:

Innovational 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 the principal office of the Limited Liability Company is:

Principal Office Address:

Ludena Reeves
1720 Lighthouse Circle
Orlando FL 32808

Mailing Address:

Innovational Solutions, LLC
11631 Rock Springs Rd Ste 371
Apopka FL 32712

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:

Rosa Williams
Name
513 N. Thompson Rd
Florida street address (P.O. Box **NOT** acceptable)
Apopka FL 32712
City State Zip

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.,

Rosa Williams
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CORPORATE REGISTRATION

