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## **COVER LETTER**

	stration Section ion of Corporations		
SUBJECT: _	Innovation Name of I	a Solutions, LLC Limited Liability Company	
The enclosed	Articles of Organization and fee(s)	are submitted for filing.	
Please return a	all correspondence concerning this	matter to the following:	
	LURENA REAVE	Name of Person	
_	Innovation	nal Solutions, Firm/Company	uc
_	1631 Rock Sp	orings Rd STE	371
_	Innovationa:	EFL 32712 City/State and Zip Code Solution SUC @ GM ed for future annual report notificati	rál·Com
L	rmation concerning this matter, ples USENA REAVES  LOSA WI NLAMS  at (	407285 5014	e Number
Enclosed is a c	sheck for the following amount:  3 Fee \$\int \frac{\$130.00 \text{ Filing Fee & Certificate of Status}}{\text{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 Corporation Clifton Building 2661 Executive Cente	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

(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:	Mailing Address:
Luiena Reaves	Innivational Solutions, LCC 1631 Rocksprings Rd Ste 371
4720 hanthouse curcle	1631 Rock Springs Rd Ste 371
brlando JFL 32808	Apopla PL 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:

Kosa Williams Name

513 N. Thompson Ro Florida street address (P.O. Box NOT acceptable)

Apopka FL 32712
City State Zin

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Rosa Williams 513 N. Thompson Rd
4 44 0 0	Apoplia #1 32712
AMBR	Lyrcha Reaks 4720 lighthouse cucle orlando, FC 32808
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