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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

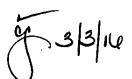
Office Use Only



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16 FEB 24 PH 2: 18



COVER LETTER

	gistration Section vision of Corporations		•
SUBJECT:		Wing Solutions, LLC imited Liability Company	
The enclose	d Articles of Organization and fee(s) a	are submitted for filing.	
Please return	n all correspondence concerning this n	natter to the following:	•
	Sandre	Name of Person	
	Innovative x	GOOVING SOLUTIONS, L	.L.C.
		Firm/Company	
	1203 War	toway Dr	
-		Address	
_	micro,	FL 32976	
	Innovativeflo	City/State and Zip Code oningSolutions 10 gmai	1. com
	E-mail address: (to be use	ed for fature annual report notification)	
For further in:	formation concerning this matter, plea	se call:	
2		302 , 423 - 9609 Area Code Daytime Telephone Number	
Enclosed is	a check for the following amount:		
\$125.00 Fil	ing Fee \$\int \frac{\\$130.00\ \}{\}Certificate\ \text{of Status}	Certified Copy Certific (additional copy is enclosed) Certific	0 Filing Fee, cate of Status & ed Copy al 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	-16 FEB

EFFECTIVE DATE 02/22/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		FILED
Innovative Floor (Must end with the words "	ing Solutions, L.C.	16 FEB 24 PM 2: 18 FLC.") ALLEMAN EL FLORDA
ARTICLE II - Address: The mailing address and street address of the prin		
Principal Office Addre	ss: <u>Mai</u>	lling Address:
1203 waterway Dr - MICCOS, Pl 52976	Same	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida registered)	its own Registered Agent. You must desig	
The name and the Florida street address of the re-	•	
· · · · · · · · · · · · · · · · · · ·	Share Snyder Name 03 waterway Dr	
	Name	
- IL	address (P.O. Box NOT acceptable)	
	•	A-7/
Ciny	$ \begin{array}{cccc} O & FI & 320 \\ \hline O & State & Zip \end{array} $	<u>4 /6</u>
daving been named as registered agent and to acce place designated in this certificate, I hereby accept to wither agree to comply with the provisions of all sta im familiar with and accept the obligations of my p	pt service of process for the above stated li the appointment as registered agent and ag tutes relating to the proper and complete p	gree to act in this capacity. I performance of my duties, and I in Chapter 605, F.S
	(CONTINUED)	

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
MGR" = Manager	Sandrea N. Fesster
TILLIOK	1203 Waterway D/
na C O	micco, PL 32976
MGK	Shane Shyde
	1203 waterway 01 Micco, 92 32976
	, , , , , , , , , , , , , , , , , , , ,
Use attachment if necessary)	
V: Effective date, if other than the date of	filing: 772772014 (OPTIONAL)
	et the applicable statutory filing requirements, this date will no
ent's effective date on the Department of S	et the applicable statutory filing requirements, this date will no State's records.
nent's effective date on the Department of S	
ent's effective date on the Department of S	
ent's effective date on the Department of St. VI: Other provisions, if any. REOUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a memb This document is executed I am aware that any false interests.	Der or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a memb This document is executed I am aware that any false interests.	Der or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes.
REQUIRED SIGNATURE: Signature of a memb This document is executed I am aware that any false into constitutes a third degree fellows.	Der or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.
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REQUIRED SIGNATIURE: Signature of a memb This document is executed I am aware that any false interest at third degree fellows. S125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional)	Der or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State slony as provided for in s.817.155, F.S. WAN ASSIC Typed or printed name of signee Filing Fees: nization and Designation of Registered Agent
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Signature of a memb This document is executed I am aware that any false int constitutes a third degree fel 25.00 Filing Fee for Articles of Organ 30.00 Certified Copy (Optional)	Der or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S. WAN. ACSIL. Typed or printed name of signee Filing Fees: nization and Designation of Registered Agent