L160000 45238

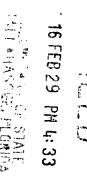
(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700282760807

02/29/16--01026--002 **125.00



MAR - 7 2016

S. GILBERT

COVER LETTER

	Division of Corporations	
· SUBJEC	Innovate Green	
SUBJEC		Limited Liability Company
The enclo	osed Articles of Organization and fee(s) a	are submitted for filing.
Please ret	turn all correspondence concerning this m	matter to the following:
	Dennis Gordon	
		Name of Person
	Innovate Green	
		Firm/Company
	19420 N.W. 7 Street	
		Address
	Pembroke Pines, FL 33029	
	jdennisad@aol.com	City/State and Zip Code
		ed for future annual report notification)
For further	r information concerning this matter, pleas	ase call:
		954 292-8036
	Name of Person	Area Code Daytime Telephone Number
Enclosed	l is a check for the following amount:	•
\$125.00	Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & S160.00 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

tu Company is:			16 FEB 29 PM 4: 33
ty Company is.			16 FFR 20 -
			PM 4: 33
with the words "Limited	Liability Comp	pany, "L.L.C.," or "LLC.")	ALL AHASSES FINALE
			- Louin
al Office Address:		<u>Mailing Ad</u>	dress:
33029			
cannot serve as its own active Florida registration	Registered Agon.) agent are: Consulta	ent. You must designate an	individual or
	Name	,	
19420 N.W. 7 Street	 		
Florida street address	s (P.O. Box <u>NC</u>	IT acceptable)	
Pembroke Pines	FL	33029	
City	State	Zip	
, I hereby accept the apport provisions of all statutes re pligations of my position	ointment as reg lating to the pr as registered as	istered agent and agree to a oper and complete performe rent as provided for in Chap gnature (REQUIRED)	ct in this capacity. I ance of my duties, and I
	al Office Address: 33029 ent, Registered Office, or cannot serve as its own active Florida registration address of the registered J. Dennis Gordon 19420 N.W. 7 Street Florida street address Pembroke Pines City agent and to accept service, I hereby accept the appointment of all statutes resolutions of my positions.	with the words "Limited Liability Comp ddress of the principal office of the Lim al Office Address: 33029 ent, Registered Office, & Registered Aga cannot serve as its own Registered Aga active Florida registered agent are: J. Dennis Gordon Consulta Name 19420 N.W. 7 Street Florida street address (P.O. Box NC Pembroke Pincs FL City State agent and to accept service of process for I hereby accept the appointment as registered agent as registered agent and to the problems of my position as registered agent. Si	with the words "Limited Liability Company, "L.L.C.," or "LLC.") ddress of the principal office of the Limited Liability Company is: al Office Address: Mailing Ad 19420 N.W. 7 Street Pembroke Pines, FL 33029 ent, Registered Office, & Registered Agent's Signature: v cannot serve as its own Registered Agent. You must designate an active Florida registration.) address of the registered agent are: J. Dennis Gordon Consultants Name 19420 N.W. 7 Street Florida street address (P.O. Box NOT acceptable) Pembroke Pines FL 33029 City State Zip agent and to accept service of process for the above stated limited liable the proper and complete performed the proper and complete performed bligations of my position as registered agent as provided for in Chap Registered Agent's Signature (REQUIRED)

<u>`itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MBR	Dennis Gordon
	19420 N.W. 7 Street
	Pembroke Pines, FL 33029
MBR	Scott Martin
1111201	2228 Bonanza Lane
	North Port, FL 34286
V: Effective date, if other than the detive date is listed, the date must be filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not
CV: Effective date, if other than the defive date is listed, the date must be filling.) the date inserted in this block does not be determined in the Department's effective date on the Department.	specific and cannot be more than five business days prior to or 90 of the most the applicable statutory filing requirements, this date will not
ctive date is listed, the date must be f filing.)	specific and cannot be more than five business days prior to or 90 of the most the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the detive date is listed, the date must be filling.) The date inserted in this block does not nent's effective date on the Department's CVI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 on the meet the applicable statutory filing requirements, this date will not ent of State's records.
CV: Effective date, if other than the detive date is listed, the date must be filing.) the date inserted in this block does not be detive date on the Department's effective date on the Department's CVI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not ent of State's records. member of an authorized representative of a member.
CV: Effective date, if other than the detive date is listed, the date must be filing.) the date inserted in this block does not be detive date on the Department's effective date of the Department's effective date on the Department's effective date of the Depart	the meet the applicable statutory filing requirements, this date will not ent of State's records. member of an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
V: Effective date, if other than the detive date is listed, the date must be filing.) the date inserted in this block does not ent's effective date on the Department's effective date on the Department's CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exert am aware that any files.	the meet the applicable statutory filing requirements, this date will not ent of State's records. member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State
W: Effective date, if other than the detive date is listed, the date must be filing.) the date inserted in this block does not ent's effective date on the Department's effective date of the	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
CV: Effective date, if other than the detive date is listed, the date must be filing.) the date inserted in this block does not the date inserted date on the Department's effective date on t	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
W: Effective date, if other than the detive date is listed, the date must be filing.) the date inserted in this block does not ent's effective date on the Department's effective date of the	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
V: Effective date, if other than the detive date is listed, the date must be filing.) the date inserted in this block does not ent's effective date on the Department's effective date of the Department's effective date on the Department's effective date on the Department's effective date of the	the meet the applicable statutory filing requirements, this date will not ent of State's records. member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State

Page 2 of 2