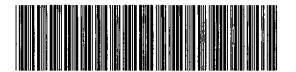
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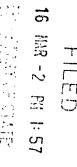
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COVER LETTER

10:	Division of Corporations			
SHBIR	Innovative Negotiation LLC			
SUBJE	Name of	Limited Liab	ility Company	
The end	closed Articles of Organization and fee(s)) are submitte	d for filing.	
Please	return all correspondence concerning this	matter to the	following:	
	Glenn C Faulkner			
		Name c	f Person	······································
	Innovative Negotiation LLC			
	· · · · · · · · · · · · · · · · · · ·	Firm/C	ompany	
	1213 Kilkenny Ct			
		Add	lress	
	Ormond Beach FL 32174			
	glenn.faulkner@in-negotiation.com	City/State a	nd Zip Code	
	E-mail address: (to be us	sed for future	annual report notification	on)
For furth	er information concerning this matter, ple	ease call:		
	Glenn Faulkner	703	772 4442	
	Name of Person		Daytime Telephone	Number
Enclose	ed is a check for the following amount:			
\$125.0	0 Filing Fee \$\frac{1}{2}\$130.00 Filing Fee & Certificate of Status	LCertif	00 Filing Fee & Fied Copy (and 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle 👼 📆

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liab	ility Company is:			FILED
				16 MAR -2 PM 1:57
Innovative Negotia	ation LLC			
(Must en	d with the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")	THE RESIDENCE OF STATE
ARTICLE II - Address:				
The mailing address and street	address of the principal o	ffice of the Limited	l Liability Company is:	
Princ	ipal Office Address:		Mailing Add	ress:
1213 Kilkenny Ct		121	3 Kilkenny Ct	
Ormond Beach, FI		Orn	nond Beach, FL	
32174		321	74	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stree	ny cannot serve as its own n active Florida registratio	Registered Agent.		dividual or
		Name		
	1213 Kilkenny Ct			
	Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)	
	Ormond Beach	Florida	32174	
	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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager AMBR	Glenn Faulkner
	1213 Kilkenny Ct
	Ormond Beach, Fl 32174
AMBR	Sally Faulkner
	1213 Kilkenny Ct
	Ormond Beach FL 32174
	
Use attachment if necessary)	
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