

L1600005559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

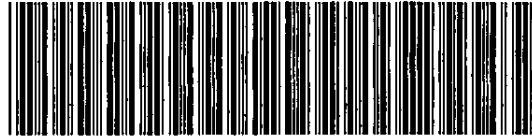
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

DISC. 1st / ADD CHECK
< 00134 > THEN SEND
BACK

Office Use Only



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03/09/16--01021--002 **160.00

FILED
16 MAR 18 PM 4:32
CLERK OF STATE
TALLAHASSEE, FLORIDA

MAR 21 2016

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LLC
New

W16-020157



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2016

IVAN PORTER
4446 HENDRICKS AVE. #214
JACKSONVILLE, FL 32207

SUBJECT: IP3 ENTERPRISES LLC
Ref. Number: W16000020157

We have received your document for IP3 ENTERPRISES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The NON-PROFIT Entity must be Dissolved FIRST. Send the DISSOLUTION to the proper section (Amendments). Once the Dissolution is completely finished; then re-send the new LLC Application back. Include a "Name Release Letter" with the new Application, stating "no intention to reinstate".

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 016A00005556

March 4, 2016

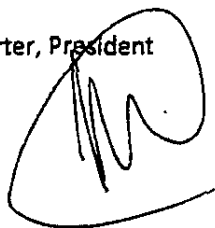
Amendment Section
Division of Corporations
P.O. Box 6237
Tallahassee, FL 32314

Re: IP3 Enterprises Inc – N16000001835

To Whom It May Concern:

Please be advised that I do not intend to revoke this dissolution and hereby release the name to IP3 Enterprises LLC.

Ivan Porter, President

A handwritten signature in black ink, appearing to be 'Ivan Porter', written over the printed name.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IP3 Enterprises 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:

Ivan Porter

Name of Person

IP3 Enterprises LLC

Firm/Company

4446 Hendricks Avenue # 214

Address

Jacksonville, Florida 32207

City/State and Zip Code

ip3e16@gmail.com

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

For further information concerning this matter, please call:

Ivan Porter

904

805-3759

at ()

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:

IP3 Enterprises 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:

4446 Hendricks Avenue

214

Jacksonville, FL 32207

Mailing Address:

4446 Hendricks Avenue

#214

Jacksonville, FL 32207

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:

ALG Law Group

Name

13400 Sutton Park Drive South # 1501

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL 32224

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..

ALG Law Group, by

Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 MAR 18 PM 4:32
STATE OF FLORIDA
JACKSONVILLE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Ivan Porter

4446 Hendricks Avenue # 214

Jacksonville, FL 32207

AMBR

Jennifer Porter

4446 Hendricks Avenue # 214

Jacksonville, FL 32207

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ivan Porter

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)