

**L16000 S9980**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

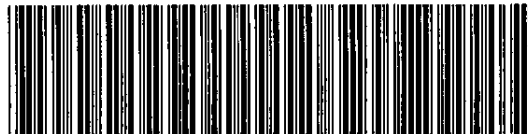
Special Instructions to Filing Officer:

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**T. SCOTT**



**800283589378**

03/22/16--01001--015 \*\*125.00

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAR 21 PM 12:08**

LAW OFFICES OF ARTHUR C. KOSKI, P.A.

ATTORNEYS AT LAW

101 NORTH FEDERAL HIGHWAY, STE. 701

BOCA RATON, FLORIDA 33432

TELEPHONE (561) 362-9800

TELECOPIER (561) 362-9870

March 18, 2016

Secretary of State  
State of Florida  
Division of Corporations  
Clifton Building  
2661 Executive Center  
Tallahassee, FL 32301

Re: Innperpetuity, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Organization, together with a check in the amount of \$125.00 to cover the cost of filing. Please return a stamped copy to the undersigned in the self-addressed stamped envelope which is enclosed for your convenience.

If you have any questions, please do not hesitate to contact me. Thank you for your courtesy in this matter.

Thank you for your courtesy in this matter. If you have any questions, please do not hesitate to contact me.

Very truly yours,

  
Arthur C. Koski

ACK:af  
Encls.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** INNERPETUITY 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:

GREG DREW

Name of Person

INNERPETUITY LLC.

Firm/Company

4730 GLENN PINE LANE

Address

BOYNTON BEACH, FLORIDA 33436

City/State and Zip Code

GREGORYJOHNDREW@GMAIL.COM

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

For further information concerning this matter, please call:

GREG DREW

561

929-0100

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:

INNERPETUITY 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:**

INNERPETUITY LLC.

4730 GLENN PINE LANE

BOYNTON BEACH, FLORIDA 33436

**Mailing Address:**

INNERPETUITY LLC.

4730 GLENN PINE LANE

BOYNTON BEACH, FLORIDA 33436

**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:

LAW OFFICES OF ARTHUR C. KOSKI

Name

101 NORTH FEDERAL HIGHWAY

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

BOCA RATON

FLORIDA

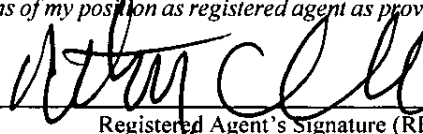
33432

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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAR 21 PM 12:08

**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:**

GREG DREW

4730 GLENN PINE LANE

BOYNTON BEACH, FLORIDA 33436

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

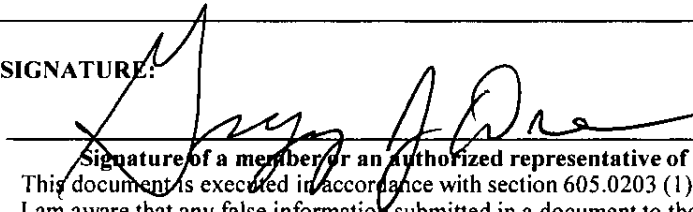
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

GREG DREW

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)