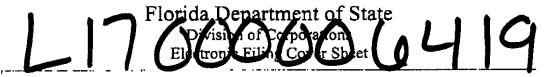
1/10/2017

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 : (941)625-1925 Phone

Fax Number ; (941)625-1526

**Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please

danielle@taxsaversfl.net Email Address:

FLORIDA LIMITED LIABILITY CO. Ideation Unlimited, LLC

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nume: The name of the Limited Lie	bility Company is:		
Idention Unlimit	ed LLC		
(Must	end with the words "Limite	d Liability Company.	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stre	ect address of the principal	office of the Limited	Liability Company is:
Pri	acipal Office Address:		Mailing Address:
2763 S, Sun Mut		2763	S. San Mateo Dr.
North Port, FL 3	AT Ü U	Manak	L Dam C7 24300
ARTICLE III - Registered	Agent, Registered Office.	& Registered Agen	
ARTICLE III - Registered (The Limited Liability Com- amother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registratives and address of the registere	& Registered Agent. Your,	it's Signature:
ARTICLE III - Registered	Agent, Registered Office, pany cannot serve as its own an active Plorida registrati	& Registered Agent. Your,	
ARTICLE III - Registered (The Limited Liability Com- another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registratives and address of the registere	& Registered Agent. You.) d agent are:	it's Signature:
ARTICLE III - Registered (The Limited Liability Com- another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registrative address of the registere Edith Glaza 2763 S. San Mateo	& Registered Agent. You.) d agent are:	it's Signature: You must designate an individual or
ARTICLE III - Registered (The Limited Liability Com- another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registrative address of the registere Edith Glaza 2763 S. San Mateo	& Registered Agent. You.) d agent are: Name	it's Signature: You must designate an individual or

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 om familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

. ____

<u>Title:</u>	Name and Address:
'AMBR" = Authorized Member	
"MGR" = Manager	D. Thomas Class (Ed.)
AMBR	Dr. Thomas Glaza, Ed.D 2763 S. San Mateo Dr.
	North Port, FL 34288
	HORUTTON TE 34200
AMBR	Edith Glaza
	2763 S. San Maleo Dr.
	North Port, FL 34288
AMBR	Melanie Mason 6907 Riversedge Str Circle
	5907 Riversedge Str Circle
	Lakewood Ranch, FL 34202
EV: Effective date, if other than the de- ective date is listed, the date must be if filing.) the date inserted in this block does no	ate of filing: (OPTIONAL) specific and cannot be more than five husiness days prior to or 90 at meet the applicable statutory filing requirements, this date will no
ective date is listed, the date must be of filing.) the date inserted in this block does no ment's effective date on the Departme EVI: Other provisions, if any.	specific and causet be more than five business days prior to or 90 a meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the deceive date is listed, the date must be of filing.) the date inserted in this block does no ment's effective date on the Department.	specific and causet be more than five business days prior to or 90 a meet the applicable statutory filing requirements, this date will no
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E V: Effective date, if other than the deceive date is listed, the date must be of filing.) 'the date inserted in this block does no ment's effective date on the Department's effective date on the Department's VI: Other provisions, if any. a) lawful business. REQUIRED SIGNATURE: Signature of a This document is excelled an aware that any file.	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State preceded by a provided for in s.817.155, F.S.
EV: Effective date, if other than the deceive date is listed, the date must be of filing.) 'the date inserted in this block does not ment's effective date on the Department's effective date	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State preceded by a provided for in s.817.155, F.S.
EV: Effective date, if other than the deceive date is listed, the date must be of filing.) 'the date inserted in this block does not ment's effective date on the Department's effective date	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes in a formation submitted in a document to the Department of State in a formation submitted in a document to the Department of State in

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