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V HERRING JAN 2 7 2017 **COVER LETTER**

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
SUBJECT: Innovative PAINTING & Design 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:
Anette Arjune
INNOVATINE PAINTING & DESIGN LLC.
11324 TORCHWOOD C+
WELLINGTON FL, 33414 City/State and Zip Code Paintades Bn / E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ane the Arjune at (561) 282-8415 (Busines #) Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sigma \text{\$125.00 Filing Fee} \text{\$\sigma \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \$\sigma \text{\$\sigma \text{\$\cong \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}} \$\sigma \$\sigma \text{\$\cong \text{
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton 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:		<u> </u>	
The name of the Limited Liability Company is: TNNOV ATIVE F (Must end with the words "Limited Liabil	AINTING Sity Company, "L.L.C.," o	DESIGN (*LLC.")	LLC.
ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Liability Co	mpany is:	
Principal Office Address: 11324 TURCHWOOD CT Wellington Fe 33414		lailing Address: URCHWOOL (Hon Fr 53	Lt zegry
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)			_
The name and the Florida street address of the registered agent Ame 44e Nam 1/324 70c Florida street address (P.O.	AJUNE CHWOOD Box NOT acceptable)		
WEL LINGTER	FC 3	33414	
Ilaving been named as registered agent and to accept service of p place designated in this certificate, I hereby accept the appointme further agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as regingly. Registered A	nt as registered agent and to the proper and comple	agree to act in this capaci te performance of my dutie for in Chapter 605, F.S	ity. I
(CO	NTINUED)	WD TALK	2017
	Page 1 of 2	Alkasti	FILED 11:48

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	ANTE ARJUNE
111115	11324 Torchwood ct
00 1 0	
1116R	WELLINGTON FL, 3341
	TOAD CS. 1/250 TAL T
	JOHO C. SILBERTAL J
	1324 PRCHWOOD CA.
	LIECCINGTON EC 334/1
4.40	
(Use attachment if necessary)	/ /
(000 0000000000000000000000000000000000	00 1 1 20 20 7 (OPTIONAL)
LE V: Effective date, if other than the date	e of filing: // 20 / 20/ / (OPTIONAL)
of filing.) If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not b
iment's effective date on the Department	
LE VI: Other provisions, if any,	
· · · · · · · · · · · · · · · · · · ·	
REQUIRED SIGNATURE:	1
REQUIRED SIGNATURE:	2 April
Signature of a m	ember or an authorized representative of a member.
Signature of a m This document is execu	ited in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a m This document is exect I am aware that any fals	ated in accordance with section 605.0203 (1) (b), Florida Statutes. See information submitted in a document to the Department of State
Signature of a m This document is exect I am aware that any fals	ited in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a m This document is exect I am aware that any fals	ated in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S. THE ARTUNE
Signature of a m This document is exect I am aware that any fals	ated in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S. THE ARTUNE
Signature of a m This document is exect I am aware that any fals constitutes a third degree	ated in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S. THE ARTUNE
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Signature of a m This document is exect I am aware that any fals constitutes a third degree W \$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional)	ated in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.

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

ARTICLE IV-