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EURELARY OF STATE
FURNISHED FOR THE

EFFECTIVE DATE 02/24/17

× 03/06/17

COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	C3 Innovation, LLC		
SUBJEC		me of Limited Liab	pility Company
The enclo	sed Articles of Organization and	fee(s) are submitte	ed for filing.
Please ret	urn all correspondence concernin	ng this matter to the	e following:
	Zachary Collins		
		Name o	of Person
	C3 Innovation, LLC		
		Firm/C	Company
	814 W. Glenhaven Drive		
		Add	dress .
	Citrus Springs, FL 34434		
	throttlestopmafia@gmail.com	City/State a	and Zip Code
		be used for future	annual report notification)
For further i	information concerning this matte	er, please call:	
	Zachary Collins	386 at (265-9383
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amou	nt:	
\$ 125.00 F	-	Fee & \$155.	.00 Filing Fee & \$160.00 Filing Fee, fied Copy nal copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Mus	t contain the words "Limited Liab	111. 4	
(ility Company, "L	L.L.C.," or "LLC.")
FICLE II - Address: mailing address and st	reet address of the principal office	of the Limited Li	iability Company is:
<u>Pr</u>	incipal Office Address:		Mailing Address:
		814 W.	Glenhaven Drive
814 W. Glenhay	ven Drive		
Citrus Springs, FICLE III - Registere: Limited Liability Conher business entity with		Citrus S egistered Agent's	s Signature: u must designate an individual or
Citrus Springs, FICLE III - Registere: Limited Liability Conher business entity with	FL 34434 d Agent, Registered Office, & Repany cannot serve as its own Regh an active Florida registration.) street address of the registered age	Citrus S egistered Agent's	s Signature:
Citrus Springs, FICLE III - Registere: Limited Liability Conher business entity with	FL 34434 d Agent, Registered Office, & Repany cannot serve as its own Regist an active Florida registration.) street address of the registered age Zachary Collins	Citrus S egistered Agent's	s Signature:
Citrus Springs, FICLE III - Registere: Limited Liability Conher business entity with	FL 34434 d Agent, Registered Office, & Repany cannot serve as its own Regist an active Florida registration.) street address of the registered age Zachary Collins	egistered Agent's sistered Agent. You nt are:	s Signature:
Citrus Springs, FICLE III - Registere: Limited Liability Conher business entity with	r Agent, Registered Office, & Repany cannot serve as its own Registered and active Florida registration.) treet address of the registered age Zachary Collins	citrus S egistered Agent's istered Agent. You nt are:	s Signature: u must designate an individual or
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SECRETARY OF STATE
ALL SEFE FLORID

(Use attachment if necessary) E. V: Effective date, if other than the date of filing: 2/24/2017 (OPTIONAL) ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 ffiling.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nent's effective date on the Department of State's records. E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is excessed 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. Zachary Collins Typed or printed name of signee	(Use attachment if necessary) E. V: Effective date, if other than the date of filing: 2/24/2017 (OPTIONAL) citive date is listed, the date must be specific and cannot be more than five business days prior to or 90 df filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nent's effective date on the Department of State's records. E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mythby or an authorized representative of a member. This document is executed in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Zachary Collins Typed or printed name of signee	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-