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11. 4/25/17

COVER LETTER

	ew Filing Section vision of Corporations
SUBJECT	ITS-A-Bracket LLC
Se banc i	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retui	n all correspondence concerning this matter to the following:
	John R. Hager Jr.
	Name of Person
	Innovative Tool Solutions LLC
	Firm/Company
	8215 Blaikie Court
	Address
	Sarasota, FL 34240
_	City/State and Zip Code its2@verizon.net
	E-mail address: (to be used for future annual report notification)
For further ir	formation concerning this matter, please call:
	John Hager 941 376-5058at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
]\$125.00 Fi	Sing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section
	Division of Cornorations Division of Cornorations

New Filing Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ITS-A-Bracket LI			MILON MICON	
(Must co	ontain the words "Limited Li	iability Company, *	L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street	t address of the principal off	ice of the Limited	Liability Company is:	
Princ	cipal Office Address:		Mailing Address:	
8215 Blaikie Cour	rt	8215	Blaikie Court	
Sarasota, FL 3424	40	Sara	sota, FL 34240	
The Limited Liability Compa mother business entity with a	any cannot serve as its own R in active Florida registration	Registered Agent. \ .)	t's Signature: 'ou must designate an individual or	4
(The Limited Liability Compa another business entity with a	any cannot serve as its own R in active Florida registration	Registered Agent. \ .)		E 151
The Limited Liability Compa mother business entity with a	any cannot serve as its own R an active Florida registration eet address of the registered a John R. Hager Jr.	Registered Agent. \ .) agent are:		17 JPR 2
The Limited Liability Compa another business entity with a	any cannot serve as its own R an active Florida registration eet address of the registered a John R. Hager Jr.	Registered Agent. \ .)		17 JPR 24
The Limited Liability Compa mother business entity with a	any cannot serve as its own R an active Florida registration eet address of the registered a John R. Hager Jr.	Registered Agent. Y .) agent are: Name		FT APR 24 AM
(The Limited Liability Compa another business entity with a	any cannot serve as its own Ran active Florida registration et address of the registered a John R. Hager Jr.	Registered Agent. Y .) agent are: Name	ou must designate an individual or	FI BPR 24 MID
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stre	any cannot serve as its own R an active Florida registration set address of the registered a John R. Hager Jr. 3123 Espanola Drive	Registered Agent. Y .) agent are: Name	ou must designate an individual or	FT APR 24 AND 11

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 Signafure (REQUIRE

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	John R. Hager Jr.
	3123 Espanola Drive
	Sarasota, FL 34239
AMBR	Timothy W. Olson
	2118 Riviera Drive
	Sarasota, FL 34232
-	
(Use attachment if necessary) LE V: Effective date, if other than the	e date of filing: April 20, 2107 (OPTIONAL)
LE V: Effective date, if other than the fective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 des not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 des not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 des not meet the applicable statutory filing requirements, this date will not be
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LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Depart LE VI: Other provisions, if any. REOUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 des not meet the applicable statutory filing requirements, this date will not be timent of State's records.
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Depart LE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 des not meet the applicable statutory filing requirements, this date will not be timent of State's records. If a member or an authorized representative of a member.
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Depart LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is a second content of the c	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b). Florida Statues.
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Depart LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is all am aware that an	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b). Florida States, by false information submitted in a document to the Department of State in the Department of States.
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ament's effective date on the Depart LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is all am aware that an	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b). Florida Statues.

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)

ARTICLE IV-