

48 000094694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

04/13/18--01021--038 *160.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FL

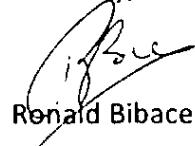
Ronald Bibace
4020 Galt Ocean Drive, (1009)
Fort Lauderdale FL 33308
Tel: 954-564-1831 – Cell : 954-868-1486
Email: bibace@netdor.com

April 4, 2018
New Filing Section
Division of Corporations,
P.O.Box 6327
Tallahassee, FL 32314

New Filing of National Innovative Solutions LLC

Please find enclosed the application for the filing of an LLC company as named above.
I am enclosing my Personal check # 5234 for the \$160 filing fee.

Sincerely,



Ronald Bibace

Enclosure: Check # 5234 for \$160

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TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NATIONAL INNOVATIVE SOLUTIONS, 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:

Ronald BIBACE

Name of Person

Firm/Company

4020 SALT OCEAN DR - (1009)

Address

FORT LAUDERDALE, FL 33308

City/State and Zip Code

BIBACE@NSTDWR.COM

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

For further information concerning this matter, please call:

Ronald BIBACE at (954) 564-1431

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:

NATIONAL INNOVATIVE SOLUTIONS, LLC

(Must contain 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:

4020 SALT OCEAN DR (1009)
FORT LAUDERDALE
FL 33308

Mailing Address:

SAME

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:

RONALD B. BACE

Name

4020 SALT OCEAN DR - 1009

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

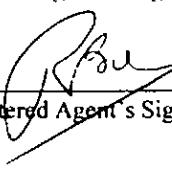
FORT LAUDERDALE FL 33308

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)

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TALLAHASSEE, FL
FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

RONALD B. BACE
4020 SALT SPRK DR (1009)
FORT LAUDERDALE FL 33308

MGR

PILOT LE RACE
3111 NE 56th COURT
FORT LAUDERDALE FL 33308

(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.

18 APR 13 PM 12:27
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R. BACE

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.

RONALD B. BACE
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)