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Florida Department of State
Division of Corporations
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((H180001318163)))



H180001318163ABCs

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Division of Corporations
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FLORIDA DEPARTMENT OF
CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

FLORIDA LIMITED LIABILITY CO.
Intellego Smart Structures, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. FASON

APR 25 2018

H18000131816

ARTICLES OF ORGANIZATION
OF
INTELLEGO SMART STRUCTURES, LLC

ARTICLE I - NAME

The name of the limited liability company is INTELLEGO SMART STRUCTURES, LLC, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1843 OLEVIA STREET
JACKSONVILLE, FLORIDA 32207

Mailing Address:

1843 OLEVIA STREET
JACKSONVILLE, FLORIDA 32207

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

IAN M BERKOWITZ, ESQ.
2101 NW CORPORATE BOULEVARD, SUITE 300
BOCA RATON, FLORIDA 33431

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.


IAN M BERKOWITZ, ESQ.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

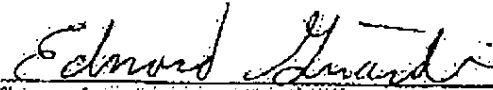
"MGR" = Manager

"AMBR" = Authorized Member

AMBR

EDMOND GIRARDI
1843 OLEVIA STREET
JACKSONVILLE FLORIDA 32207

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.

EDMOND GIRARDI

Typed or printed name of signor

H18000131816