Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000186353 3)))



H180001863533ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : UNISEARCH, INC. Account Number: I20150000103 Phone : (512)219-4300

Fax Number

: (551)665-2789

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

L70 Technologies, LLC

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

N SAMS

JUN 25 2018

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION OF L70 TECHNOLOGIES, LLC

The undersigned hereby certifies the following for purposes of forming a limited liability company under the laws of the State of Florida. The following Articles shall be the charter and authority for the conduct of business of such limited liability company.

ARTICLE I

The name of the limited liability company is L70 Technologies, LLC.

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the limited liability company

is:

Principal Office Address:	Mailing Address:
102 Wilderness Way, #245	102 Wilderness Way, #245
Naples, FL 34105	Nacles, FL 34105

ARTICLE III INITIAL REGISTERED AGENT

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

Jerome Johnson	
Name	
102 Wilderness Way, #245	
Naples, FL 34105	
Address	

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 in Chapter 605, F.S.

it's Signature:

ARTICLE IV **MANAGEMENT**

The limited liability company shall be managed by the Managers. The name and address of each person authorized to manage and control the limited liability company:

Title:	Name and Address:
Мападст	Jeromo Johnson 102 Wilderness Way, #245 Naples, FL 34105
Manage;	Kent Shields 102 Wilderness Way, #245 Naples, FL 34105

This document is executed in accordance with Section 605.0203(1)(b), Florida Statules, 1 am. aware that any false information submitted in a document to the Deputtment of State constitutes a third degree folony as provided for in S.817.155, F.S.

Authorized Representative

Theodore J. Klein Attorney at Law 8030 Peters Road Building D Suite 104 Plantation, Florida 33324

FACSIMILE TRANSMITTAL COVER SHEET **********************************			
FROM: Theodore J. Klein			
PHONE: (954) 370-2533	FAX: (954) 370-2566		
To: Division of Corporations	FAX: 850 617-6381		
cc:	FAX: ()		
RE: H180001863373			
Number of Pages Including Cover Sheet 5	/Will also be Mailed?: Yes No		
COMMENTS			

The information contained in this facsimile is ATTORNEY PRIVILEGED AND CONFIDENTIAL Information contained in this racsimile is ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION intended only for the use of the recipient(s) named above. If the reader of this message is not the intended recipient(s), you are hereby notified that any review, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address via U.S. Postal Service. I will reimburse you for the postage. THANK YOU. C:\Users\user\Desktop\Fax Cover Sheet.wpd