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From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516) 935-3940

Fax Number : (516) 935-3088

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

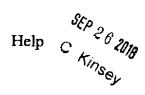
Email Address: looweg@gmail.com

FLORIDA LIMITED LIABILITY CO.

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
INNOVATIVE FACI	LITY PLANNERS LLC	
(Must end with the words "Li	imited Liability Company, "L.L.C.," or "LLC	c.")
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company	y is:
Principal Office Address:	Mailing Address:	
7566 TRENTO CIRCLE NAPLES, FL 34113	7566 TRENTO CIRCLE NAPLES, FL 34113	
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regist. The name and the Florida street address of the regist. RICHARD BIANCH! 7566 TRENTO CIRCE Florida street address (P.O.)	s own Registered Agent. You must designate stration.) istered agent are: Name	18 85 EP 25 AN ID: 18
NAPLES	. ,	
City	FL 34113 Zip	
Registered Agent's S	accept the appointment as registered agent ar isions of all statutes relating to the proper and	nd agree to act in this I complete performance

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H18000276289

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	RICHARD BIANCHI
AIVIDIT	7566 TRENTO CIRCLE
	NAPLES, FL 34113
	TWN SEVITE OTTIO
	<u></u>
(Line attrodument if measures)	
(Use attachment if necessary)	
•	of filing:(OPTIONAL)
CLE V: Effective date, if other than the date effective date is listed, the date must be sp	of filing:
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