

L190000031179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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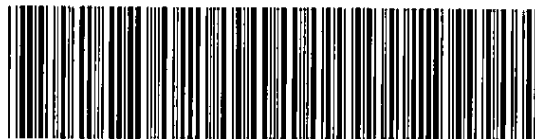
(Business Entity Name)

(Document Number)

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DATE: 2/6/19

NAME: INTERTECH GROUP LLC

TYPE OF FILING: ARTICLES

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

AttHodge

**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I: NAME

The name of the Limited Liability Company is:

INTERTECH GROUP LLC

ARTICLE II: Address

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

**105 HOPE ST.
LONGWOOD, FLORIDA 32750**

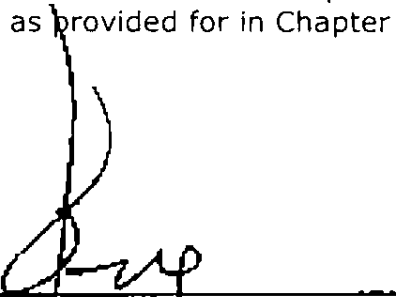
ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE

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

**ELIEZER GOMEZ
105 HOPE ST.
LONGWOOD, FLORIDA 32750**

Having been named as registered agent 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.

x



ELIEZER GOMEZ / Registered Agent's Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06 F.S.

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CLERK OF CIRCUIT COURT
JAN 27 2020
STATE OF FLORIDA

INTERTECH GROUP LLC

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

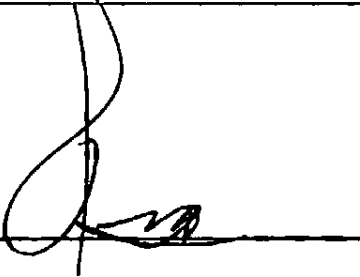
AMBR = AUTHORIZED MEMBER MGR = MANAGER

AMBR:

ELIEZER GOMEZ

105 HOPE ST.

LONGWOOD, FLORIDA 32750

X 

ELIEZER GOMEZ

Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I acknowledge that I have read the above "Notice of Annual Report" statement and understand the requirement to file an annual report Between January 1st and May 1st in the calendar year following formation of this LLC and every year thereafter to maintain "active" status.

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA