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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Number : I20090000081

Account Name : REGISTERED AGENTS INC.

: (307)200-2803

Phone Fax Number

: (855)330-1010

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

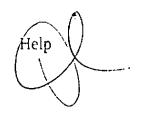
Email Address:	

## FLORIDA LIMITED LIABILITY CO. **Innovt Technology LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Innovt Technology LLC (Must contain the words "Limited Liability Company, "L.E.C." or "LI.C.")  ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address:  7901 4th St N STE 300  701 N Federal Hwy Building 1B Suite 201  St. Petersburg FL 33702  Hallandale FL 33009  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.)  Registered Agents Inc.  Registered Agents Inc.  Name  7901 4th St N STE 300	ARTICLE 1 - Name: The name of the Limited Liability	y Company is:					
The mailing address and street address of the principal office of the Limited Liability Company is:    Principal Office Address:   Mailing Address:			ability Compan	y, "L.L.C.," or "LLC.")			
7901 4th St N STE 300  St. Petersburg FL 33702  Hallandale FL 33009  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 registered agent are:  Registered Agents Inc.  Registered Agents Inc.		dress of the principal off	ice of the Limit	ed Liability Company is:			
St. Petersburg FL 33702  Hallandale FL 33009  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:  Registered Agents Inc.  Name	<u>Principa</u>	l Office Address:		Mailing Ac	<u>ldress</u> :		
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:  Registered Agents Inc.  Name	7901 4th St N ST	E 300	<u></u>	01 N Federal Hwy	Building 1B Suite 2	201	
The name and the Florida street address of the registered agent are:  Registered Agents Inc.  Name  Registered Agents Inc.	St. Petersburg F	L 33702	<u> </u>	allandale FL 33009	<del></del>	20	
The name and the Florida street address of the registered agent are:  Registered Agents Inc.  Name  Registered Agents Inc.	(The Limited Liability Company	cannot serve as its own R	legistered Agen		individual or ARAS	22 HAR 2	<u></u>
Registered Agents Inc. Name	The name and the Florida street a	ddress of the registered a	gent are:		പ്പ്≺		<u>רו</u> ־
7901 4th St N STE 300				<del></del>	r STAI , FLOR	7¥ 8:	
		7901 4th St N ST	E 300		97	<b>*</b> 2	
Florida street address (P.O. Box NOT acceptable)		Florida street address (	P.O. Box NOT	acceptable)			
St. Petersburg FL 33702		St. Petersburg	FL	33702			
City State Zip		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)

Title: "AMBR" = Authorized Member	<u>Name and Address:</u> *First name: Rafaela	
"MGR" = Manager	r iist name. Naiaeia	
AMBR	Rafaela Mascarenhas Santos Borges	
	7901 4th St N STE 300 St. Petersburg FL 33702	
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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)

ARTICLE IV-