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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

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r11	Address:			

## FLORIDA LIMITED LIABILITY CO. INNOVATION DISTRIBUTORS, LLC

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Estimated Charge	\$130.00		

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ARTICLE I - Name:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
INNOVATION DISTRIBUTORS, I.I.C
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
10300 SW 7240 STREET
BUILDING 100 - UNIT 100
MIAMI, FL 33173
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (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.)  CONSTAIN CARIZILLO
10300 SW 72 DT. BLDG. 100 - UNIT 100
MIAMI, FL 33173
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
CONSTAIN CARRILLO (AMBR)
NIMIA PRETEL MENESES (AMBR)

Required Signatures:



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 state I herein are true. I am aware that any false information submitted in a document to the Depa tment of State constitutes a third degree felony as provided for in s.817.155, 3.8.

Typed or printed name of signee

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 here by 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)