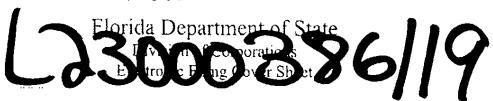
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPERIAX Account Number : I2020000010 Phone : (407)777-7470 Fax Number : (321)206-9743

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

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FLORIDA LIMITED LIABILITY CO. INPRO2023 LLC

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COVER LETTER

TO:	New Filing Se Division of Co					
SUBJE	INPRO20	23 LLC				
		Nass: of tar	nited Liability Contrary			
The en	closed Articles o	f Organization and fee(s) ar	e submitten for tiling.			
Please	return all corresp	ondence concerning ग्रंतः ma	mer to the following:			
	JOSE CAP					
	* ***	элг түүлжүү <mark>да</mark> үзүдүүда үзүдүүда	Name of Person			
			Firm Company			
		LEMON DR		······································		
			Address			
	WINTER G	IARDEN, FL 34787				
		C	ity/State and Zip Code			
		E-mail address: (to be used	for future annual report notificat	ion)		
For furth	er information co	noarning this matter, please	call:			
	JOSE CAPO		561 317-3282		•	
	Nan		tea Code Daytime Telephor	ne Number		
Enclose	d is a check for t	he following uncount:				
	.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	OS160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	::: 8: 24	٠,
	Maith	ig Address	Street Address			

New Filing Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Moaroe Street, Suite \$10 Tallahassee, FL 32303

ARTICLE I - Name:

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ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is. NPRO2623 U.C. (Must conaim the words "Limited Liability Company, "L.L.C.," or "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:

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:

6342 FLAT LEMON DR

WINTER GARDEN, FL 34787

JOSE CAPOCICIA		
,	^v ame	
6342 FLAT LEMON I Florida street address (pable)
WINTER GARDEN	FLORIDA	34787
City	State	Zip

6342 FLAT LEMON DR

WINTER GARDEN, FL 34787

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. Thereby accept the appearament 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.

Magistered Agent's Signature (REQUIRED)

(CONTINUED)

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<u>Title:</u> "AMBR" = Au "MGR" = Man	thorized Member ager	Same and Address:
MGR	- 	IQSE CAPOCCIA 6342 FLAT LEMON DR WINTER GARDEN, FL 34787

(Use attachmer	·	of iling: (OPTICNAL)
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