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FLORIDA LIMITED LIABILITY CO. VOLT INNOVATION 1 LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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Help

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

VOLT IN	NOVATION 1 LLC	
	(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
RTICLE II - Addı	ress:	•
	ress: and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address
e mailing address	and street address of the principal office	

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

another business entity with an active Florida registration.)

LUIS CARLOS AB	REU BASTIDAS	
	Name	
3218 E. COLONIA!	L DRIVE	_
Florida street addre	ss (P.O. Box <u>NOT</u> a	cceptable)
ORLANDO	FL	32803

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..

Luis C. Abrew
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 NOV 21 PM 4: 17

To:

ANADD	
AMBR	LUIS CARLOS ABREU BASTIDAS 3218 E. COLONIAL DRIVE ORLANDO, FL 32803
(Use attachment if necessary)	
fective date is listed, the date mus of filing.) If the date inserted in this block document's effective date on the Depa LE VI: Other provisions, if any.	the date of filing: (OPTIONAL) It he specific and cannot be more than five business days prior to or 90 da es not meet the applicable statutory filing requirements, this date will not be rament of State's records.
PROTUPED CLCSLATURE.	
REQUIRED SIGNATURE:	Luis C. Abrew.
Signature of This document is I am aware that a	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State it degree felony as provided for in s.817.155, F.S.

\$ 5.00 Certificate of Status (Optional)

ECKETALLE FLORIDA