

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L25000001173  
FILED 8:00 AM  
January 02, 2025  
Sec. Of State  
crico**

**Article I**

The name of the Limited Liability Company is:

INTRANET SYSTEMS LLC

**Article II**

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

702 INDUS RD  
VENICE, . US 34293

The mailing address of the Limited Liability Company is:

PO BOX 1171  
VENICE, FL. US 34284

**Article III**

Other provisions, if any:

INTRANET SYSTEMS OFFERS CUTTING-EDGE IT CONSULTING AND CYBERSECURITY SOLUTIONS FOR BOTH ORGANIZATIONS AND INDIVIDUALS. WE SPECIALIZE IN AI DEVELOPMENT AND INNOVATION FOR A BETTER FUTURE. WE ARE AUTHORIZED TO ENGAGE IN ANY LEGAL ACTIVITY.

**Article IV**

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

ELMER OCHAETA  
702 INDUS RD  
VENICE, FL. 34293

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.

Registered Agent Signature: ELMER OCHAETA

### **Article V**

The name and address of person(s) authorized to manage LLC:

Title: CEO  
ELMER OCHAETA  
702 INDUS RD  
VENICE, FL. 34293 US

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### **Article VI**

The effective date for this Limited Liability Company shall be:

01/15/2025

Signature of member or an authorized representative

Electronic Signature: ELMER OCHAETA

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 understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L25 000 00 1173

**Affidavit of No Intention to Revoke Dissolution**

State of Florida  
Department of State

I, Elmer Ochaeta, being duly sworn, hereby declare and affirm as follows:

I am the CEO of Intranet Systems LLC, a corporation registered under the laws of the State of Florida with document number L17000178624.

Intranet Systems LLC was dissolved on December 17, 2024, and as of the date of this affidavit, the dissolution remains in effect.

I hereby state that there is no intention by the undersigned or by the company to revoke or reverse the dissolution of Intranet Systems LLC at any time in the future.

Based on this affirmation, I request the Department of State of Florida to release the name "Intranet Systems LLC" for use by another entity.

I understand that this affidavit will serve as the basis for the release of the name for use by another entity, and that the Department of State of Florida may rely on the information provided herein.

I make this affidavit in good faith.

Further, Affiant sayeth not.



Elmer Ochaeta

CEO

12/20/2024

**Notary Acknowledgment**

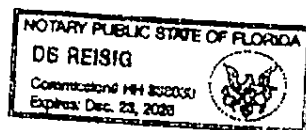
Subscribed and sworn to before me this 12 of December 2024

Notary Public Signature: [Signature]

Notary Public Printed Name: DE REISIG

My Commission Expires: 12/23/26

Notary Seal:



SEE ATTACHED  
12/20/24

FILED  
2025 JAN -2 PM 2:45  
DEPT. OF STATE  
TALLAHASSEE, FL 32399

**FLORIDA JURAT**

FS 117.05(13) — Effective January 1, 2020

State of Florida

County of Alachua

Sworn to (or affirmed) and subscribed before me by  
means of

☐ Physical Presence,

--- OR ---

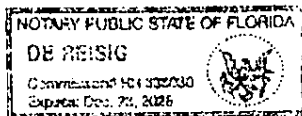
☐ Online Notarization,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Day Month Year

\_\_\_\_\_  
Name of Person Swearing or Affirming

\_\_\_\_\_  
Signature of Notary Public — State of Florida

\_\_\_\_\_  
Name of Notary Typed, Printed or Stamped



☐ Personally Known

☐ Produced Identification

Type of Identification Produced: 12

Place Notary Seal Stamp Above

**OPTIONAL**

*Completing this information can deter alteration of the document or  
fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_