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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	

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SLURETARY OF STATE

K. SALY EXAMINER

JUN 2 4 2014

#### **COVER LETTER**

	ition Section of Corporations	s				
SUBJECT: In	novating	g Technolo	gy, LLC			
		Name of Lir	nited Liability Company	у		
					nsact Business in Florida company to transact bus	
Please return all o	correspondence co	oncerning this matter to	the following:			
	Charles	Liberis				
•			Name of Person			<del>-</del>
	Liberis I	₋aw Firm				
•			Firm/Company			_
	212 \\/	Intendencia	Stroot			
-	<u> </u>					-
			Address			
	Pensace	ola, FL 325	502			
•		Cit	y/State and Zip Code			_
	reaistere	edagent@li	berislaw.c	com		
_	- 3		used for future annual re		ation)	<del></del>
For further inform	nation concerning	this matter, please call:				
	Bertz	, , , , , , , , , , , , , , , , , , ,	850	438	.9647	
		Contact Person	at ( Area Code	_,	rtime Telephone Number	<del></del>
MAHI	NG ADDRESS:	<b>CTD</b>	REET ADDRESS:			
	of Corporations		sion of Corporations			
_	tion Section	•	stration Section			
P.O. Box	$\boldsymbol{\varphi}$					
Tanas	see, FL 32314		ahassee, FL 32301	ircie		
Enclosed is a c	heck for the fo	ollowing amount:				
		■ \$130.00 Filing Fee & Certificate of Status		~	□ \$160.00 Filing Fee, of Status & Certifie	

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "L.C.")  If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "L.L.C.")  2. Wyoming  (Jurisdiction under the law of which foreign limited liability company is organized)  4. (Date first transacted business in Florida, if prior to registration.)  (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)  (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)  (Street Address of Principal Office)  7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Kingslee Chamberlain, Manager  1300 E. Olive Road  Pensacola, FL 32514  8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official naving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator
Wyoming  (Just first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  1300 E. Olive Road  Pensacola, FL 32514  (Street Address of Principal Office)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Kingslee Chamberlain, Manager  1300 E. Olive Road  Pensacola, FL 32514  (Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Kingslee Chamberlain, Manager  1300 E. Olive Road  Pensacola, FL 32514  8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official naving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not
Ourisdiction under the law of which foreign limited liability  (PEI number, if applicable)  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  1300 E. Olive Road  Pensacola, FL 32514  (Street Address of Principal Office)  (Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Kingslee Chamberlain, Manager  1300 E. Olive Road  Pensacola, FL 32514  8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official naving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not
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naving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not
Signature of an authorized person
In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  In aware that any 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.)  Kingsloo Chamborlain
Kingslee Chamberlain  Typed or printed name of signee

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	Technolog	• •	20
Innovating Technology, LLC  If unavailable, the alternate to be used in the state of Florida is:			TILED TILED
2. The name an	d the Florida street ad	dress of the registered agent and office are:	FLORIE FLORIE
	Charles S. L	iberis	**
		(Name)	<del></del>
	212 W. Inter	ndencia Street	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Pensacola	32502	
City/State/Zip			
Henring haan war	mad as varistared accord	at and to accept service of process for the abo	vo stated limited

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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

### STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

## Innovating Technology, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 16, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000666921**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 17th day of June, 2014 at 8:37 AM. This certificate is assigned 015804123.



Maj Massile

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.