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	INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666			ax (850) 222-1666	
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	Р	ICK UP:	03/13/18	<u>.</u>	
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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 FOREKON. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I INNOVUS PARTNERS, LLC

	ame adopted for the purpose of transacting business in Flori	igal i ne allemate name must	include - Lamired Liability Co	ատարավոր, եւշ, օր եւ
New York (Jurisduction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, 1f ag	policable)
•	· · · · ·		• • • •	
	(Date first transacted business in Florida, if prior to re	enstration)		-
	(See sections 605 0904 & 605 0905, F.S. to determin	e penalty fiability)		
	E 125 SOMERS, NEW YORK, 10589	6. 108 VILLAGE SC	UARE SUITE 125 SOME	RS, NEW YORK, 10589
(Street Address of	Principal Office)		(Mailing Address)	∑ác №
				<u> </u>
Name and street addres	is of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)		En Contraction Con
Name:	Corporate Creations Network Inc.			ມີຊີ້ມີ 🛃
	11280 Prosperity Forms Road #22	15		
Office Address:	11380 Prosperity Farms Road #22			
	Palm Beach Gardens	, Flori	_{da} <u>33</u> 410	SE ■
	(Cny)		(Zip code)	-

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Special Secretary 4. mita

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: <u>Title or Capacity:</u> <u>Name and Address:</u> <u>Title or Capacity:</u>

Richard J. Lineham, Jr.

Name and Address:

 <u> </u>

(Use attachments if necessary)

Managing Member

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Richard J. Lineham, JR. Signature of an authonized person

10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am 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.

Richard J. Lineham, Jr.

Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that INNOVUS PARTNERS SOLUTIONS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/15/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A certificate changing name to INNOVUS PARTNERS, LLC was filed on 01/17/2013.

A Certificate of Publication of INNOVUS PARTNERS, LLC was filed on 02/05/2013.

A Biennial Statement was filed 03/12/2013.

I further certify, that no other documents have been filed by such Limited Liability Company.



Witness my hand and the official seal of the Department of State at the City of Albany, this 12th day of March two thousand and eighteen.

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Brendan W. Fitzgerald Executive Deputy Secretary of State

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