

M18000010873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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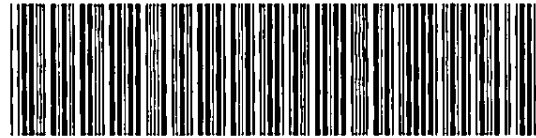
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 NOV 13 PM 7:13
STATE OF TEXAS
DEPARTMENT OF STATE
DIVISION OF INFORMATION

W/2018

5/15/18

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INOVOIT, LLC.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DANIEL CHOI

Name of Person

FOUMBERG, JUNEJA, ROCHER & CO.

Firm/Company

10220 RIVERSIDE DR. SUITE B

Address

TOLUCA LAKE, CA 91602

City/State and Zip Code

DCHOI@FOUMBERGCO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL CHOI

323

556-9200

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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:

1. INOVOIT, LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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 "LLC.")

2. DELAWARE 3. 82-5344909
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

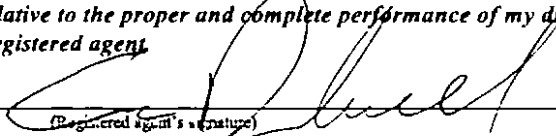
5. 8240 NW 52ND TERRACE #410 6. 8240 NW 52ND TERRACE #410
(Street Address of Principal Office) (Mailing Address)
DORAL, FL 33166 DORAL, FL 33166

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ERIC ROCKWELL
Office Address: 8240 NW 52ND TERRACE #410
DORAL, Florida 33166
(City) (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.


(Registered agent's signature)

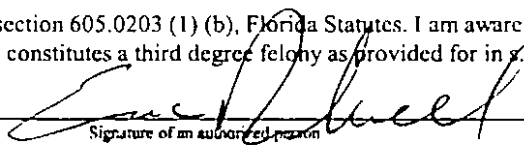
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>CEO</u>	<u>ERIC ROCKWELL</u>	_____	_____
_____	<u>8240 NW 52ND TE</u>	_____	_____
_____	<u>DORAL, FL 33166</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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)

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 § 817.155, F.S.


Signature of an authorized person
Eric C Rockwell
Typed or printed name of signer

18 NOV 13 PM 7:13
DIVISION OF CORPORATIONS

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INOVOIT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INOVOIT, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF APRIL, A.D. 2018.



6857914 8300

SR# 20186280750

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock Secretary of State" is printed.

Authentication: 203288085

Date: 08-21-18

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:00 AM 04/24/2018
FILED 11:00 AM 04/24/2018
SR 20182960710 - File Number 6857914

STATE *of* DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE *of* FORMATION

inovoIT, LLC

FIRST. The name of the limited liability company is inovoIT, LLC

SECOND. The address of its registered office in the State of Delaware is
300 Delaware Avenue, Suite 210-A, Wilmington, DE 19801, County of New Castle.

The name of its Registered agent at such address is United States Corporation
Agents, Inc.

IN WITNESS WHEREOF, the undersigned has executed this
Certificate of Formation on the date below.

Date: April 21, 2018

/s/ Cheyenne Moseley

LegalZoom.com, Inc., Organizer

By: Cheyenne Moseley, Assistant Secretary