

M190000009911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

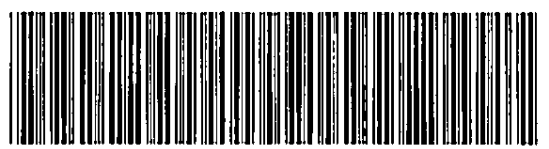
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Clerk

W19-72260
alt name
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Office Use Only



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2019

DAVID CICHANOWICZ
9573 NEW WATERFORD COVE
DELRAY BEACH, FL 33446

SUBJECT: INNOVATIVE MARKETING SOLUTIONS, LLC
Ref. Number: W19000072260

2019 OCT -7 PM 12:51

We have received your document for INNOVATIVE MARKETING SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The alternate name that you have chosen is not available. Please select a new name.

The document number of the name conflict is P09000030292.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 419A00018958



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2019

DAVID CICHANOWICZ
9573 NEW WATERFORD COVE
DELRAY BEACH, FL 33446

SUBJECT: INNOVATIVE MARKETING SOLUTIONS, LLC
Ref. Number: W19000072260

→ Please see reverse
Page - Attached.
Thank you,
David
Cichanowicz

We have received your document for INNOVATIVE MARKETING SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is INNOVATIVE MARKETING SOLUTIONS LLC (L05000014211) AND INNOVATIVE MARKETING CORPORATION (P09000030292).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 419A00016197

RECEIVED

SEP 12 2019

www.sunbiz.org

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INNOVATIVE MARKETING SOLUTIONS, 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:

DAVID CICHANOWICZ
Name of Person

INNOVATIVE MARKETING, LLC
Firm/Company

9573 NEW WATERFORD COVE
Address

DELRAY BEACH, FL 33446
City/State and Zip Code

DCICHANOWICZ@INNOVATIVEMARKETINGLLC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID CICHANOWICZ at 561 808-7506
Name of Contact Person 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. INNOVATIVE MARKETING SOLUTIONS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

INNOVATIVE MARKETING, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. DISTRICT OF COLUMBIA 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 7/26/2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

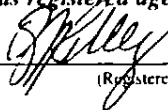
5. 9573 NEW WATERFORD COVE 6. 9573 NEW WATERFORD COVE
(Street Address of Principal Office) (Mailing Address)
DELRAY BEACH, FL 33446 DELRAY BEACH, FL 33446

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

Name: DAVID CICHANOWICZ
Office Address: 9573 NEW WATERFORD COVE
DELRAY BEACH, Florida 33446
(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)

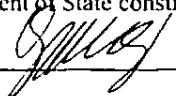
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>OWNER</u>	<u>D. CICHANOWICZ</u> <u>9573 NEW WATERF</u> <u>ORD COVE</u> <u>DELRAY BEACH</u> <u>FLORIDA 33446</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 s.817.155, F.S.

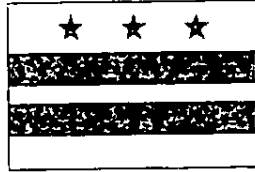


Signature of an authorized person
DAVID CICHANOWICZ

Typed or printed name of signee

Initial File #: L24050
Entity Type: LLC

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CORPORATIONS DIVISION



C E R T I F I C A T E

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this **CERTIFICATE OF GOOD STANDING** is hereby issued to

INNOVATIVE MARKETING SOLUTIONS LLC

WE FURTHER CERTIFY that the domestic filing entity is formed under the law of the District on 6/24/2005; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 7/26/2019 9:56 AM

Business and Professional Licensing Administration



Handwritten signature of Patricia E. Grays.

PATRICIA E. GRAYS
Superintendent of Corporations
Corporations Division

Muriel Bowser
Mayor

Tracking #: 53rh67gu