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FILE 2ND

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 262670 158568A

AUTHORIZATION : Spelle le ma

COST LIMIT : \$ 125.00

ORDER DATE: November 22, 2021

ORDER TIME : 6:26 PM

ORDER NO. : 262670-035

CUSTOMER NO: 158568A

FOREIGN FILINGS

NAME: INNOVATIVE ENTERPRISES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

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 BLISINESS IN THE STATE OF FLORIDA

(Name of Foreign	n Limited Liability Company; must include "Limited	Liability Company	"." "L L.C ," or "LLC.")	
mane unavailable, emer alternate	name adopted for the purpose of transacting business in Flo	vida The alternate our	and the last of th	
Virginia		54-182		my Company, "L.L.C," or "L
_	which foreign limited liability company is organized)	3.	(FEI number, i	f applicable)
	(Date first transacted business in Florida, if prior to n (See sections 605,0904 & 605,0905, F.S. to determin	egistration.)		_
1550 Peachtree Stre		,,		
reet Address of Principal Office)		6(Max)	ling Address)	
Atlanta, GA 30309				
Atlanta, GA 30309				
Atlanta, GA 30309				
Atlanta, GA 30309 Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable	E)	7.18.1 2.28 2.707
		NOT acceptable	e)	SEGNET 1 WIT WIT
	ss of Florida registered agent: (P.O. Box Corporation Service Company	NOT acceptable	E)	SEGNETAN 14
Name and street addre	Corporation Service Company 1201 Hays Street		c)	
Name and street addre	Corporation Service Company 1201 Hays Street		e)	T4 PH
Name and street addre	Corporation Service Company 1201 Hays Street		e) 32301	

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.

Corporation Service Company Ribad, assistant va president

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Appriss Insights, LLC □ Manager Lisa M. Stockard □Manager Name: 1550 Peachtree Street, NW Address: _1550 Peachtree Street, NW ■ Member Address: □Member Atlanta, GA 30309 Atlanta, GA 30309 ☐ Authorized ■ Authorized Person Person ☐Other . Other □Other Other___ □ Manager Name: □Manager Name: _____ □Member Address: _____ ☐ Member Address: □ Authorized ☐ Authorized Person Person Other____ Other___ □Other Other □ Manager Name: _____ □Manager Name: _____ ☐ Member Address: _____ Address: □ Member ☐ Authorized ☐ Authorized Person Person □Other Other □Other. Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

Lisa M. Stockard, Vice President and Secretary

Typed or printed name of signee

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That INNOVATIVE ENTERPRISES LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on December 11, 1996; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

November 23, 2021

Bernard J. Logan, Clerk of the Commission