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SEP 12 2024  
K. Brumley

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

INNOVATIVE CAPITAL MANAGEMENT LLC

**SUBJECT:** \_\_\_\_\_  
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:

TYLER ANDREW TRUMBACH

\_\_\_\_\_  
Name of Person

LAW OFFICES OF TYLER A TRUMBACH PA

\_\_\_\_\_  
Firm/Company

3400 LAKESIDE DRIVE SUITE 100

\_\_\_\_\_  
Address

MIRAMAR, FL 33027

\_\_\_\_\_  
City/State and Zip Code

TTRUMBACH@TRUMBACHLAW.COM

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

For further information concerning this matter, please call:

TYLER ANDREW TRUMBACH	561	312-1416
_____	at ( _____ )	_____
Name of Contact Person	Area Code	Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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:

INNOVATIVE CAPITAL MANAGEMENT LLC

1. \_\_\_\_\_  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")  
WYOMING

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(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)

75 EGLIN WAY NE UNIT 115A

5. \_\_\_\_\_ 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)

FORT WALTON BEACH, FL 32548

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

LAW OFFICES OF TYLER A TRUMBACH PA

Name: \_\_\_\_\_

3400 LAKESIDE DRIVE SUITE 100

Office Address: \_\_\_\_\_

MIRAMAR

33027

\_\_\_\_\_, Florida \_\_\_\_\_  
(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.*

*Tyler Trumbach*

(Registered agent's signature)

2024 SEP 12 PM 6:21

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:**  
STEVEN HOLLAND  
☐ Manager      Name: \_\_\_\_\_  
75 EGLIN PKWY NE  
☒ Member      Address: \_\_\_\_\_  
UNIT 115 A  
☐ Authorized      \_\_\_\_\_  
FORT WALTON BEACH, FL 32548  
Person      \_\_\_\_\_  
☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**  
☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
Person      \_\_\_\_\_  
☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
Person      \_\_\_\_\_  
☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
Person      \_\_\_\_\_  
☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
Person      \_\_\_\_\_  
☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
Person      \_\_\_\_\_  
☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

*Steven Holland*

\_\_\_\_\_  
Signature of an authorized person

STEVEN HOLLAND

\_\_\_\_\_  
Typed or printed name of signer

STATE OF WYOMING  
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**Innovative Capital Management, LLC**

is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **June 14, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001012640**.

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 19th day of June, 2024 at 4:19 PM. This certificate is assigned ID Number 073717928.



*Chuck Gray*

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 <https://wyo.biz.wyo.gov> and following the instructions displayed under Validate Certificate.

ARTICLES OF ORGANIZATION  
OF  
Innovative Capital Management, LLC  
A LIMITED LIABILITY COMPANY

I. The name of the limited liability company is Innovative Capital Management, LLC

II. The period of its duration is perpetual from the date of filing Articles of Organization with the Wyoming Secretary of State.

III. The purpose for which the limited liability company is organized is: any lawful purpose except for the purposes of banking and insurance.

IV. The name and address of its registered agent is:

Capital Administrations, LLC  
1712 Pioneer Ave. Ste. 115  
Cheyenne, WY 82001

V. The mailing address of the principal office:

1712 Pioneer Ave. Ste. 7000  
Cheyenne, WY 82001

VI. The remaining members of the limited liability company, if any, shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or occurrence of any other event which terminates the continued membership of a member of the limited liability company, unless otherwise stated in the Membership Operating Agreement.

Dated this 9th day of June, 2021

Christina Horton  
Christina Horton, on behalf of  
Capital Administrations, LLC, Organizer  
tax@wyomingcompany.com

