Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Innotech Properties Corporation (Proposed corporate name - must include suffix)					
	, -				
Enclosed is an origin	al and one(1) copy of the articles	of incorporation and a che	ck for :	•	
			■ \$131.25	,	
□ \$70.00	□ \$78.75 Filing Fee	Filing Fee	Filing Fee,		
Filing Fee	& Certificate	& Certified Copy	Certified Copy		
			& Certificate		
	C_{ij}	ADDITIONAL COPY REQUIRE		·	
				•	
FROM:	Brent Bailey				
Name (Printed or typed)					
P.O. Box 160145					
		Address			٠.
Altamonte Springs, FL 32716				o .	
•	Altamonte Springs, FL 32716 City, State & Zip			98	
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	(407) 682-6235			LE 20	
	Daytime Telephone number				
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NOTE: Please provide the original and one copy of the articles.			he articles.	(Nr	
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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

NAME ARTICLE I

The name of the corporation shall be:

Innotech Properties Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Business address:

2973 West S.R.434

Mailing address:

Suite 200

P.O. Box 160145

Longwood, FL 32779 Altamonte Springs, FL

ARTICLE III SHARES 32716

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100,000

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Brent Bailey 2973 West S.R. 434 Longwood, FL 32779

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Brent Bailey 2973 West S.R. 434 Longwood, FL 32779

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent