

1/31/25, 1:51 PM

Division of Corporations

# L25000040853

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
INNOVEX TECHNOLOGIES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

2025 JAN 31 PM 5:22  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

INNOVEX TECHNOLOGIES, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:11700 NW 101 ROAD - STE. 6  
MEDLEY, FL 33178Mailing Address:11700 NW 101 ROAD - STE. 6  
MEDLEY, FL 33178

## ARTICLE-III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CABANAS & ASSOCIATES PA

Name

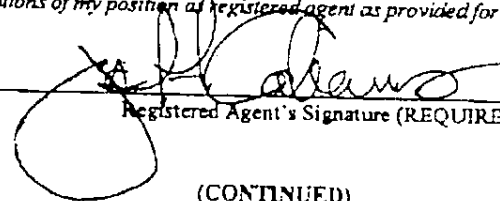
9850 NW 41ST STREET - STE 140Florida street address (P.O. Box **NOT** acceptable)DORALFL33178

City

State

Zip

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 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 as provided for in Chapter 605, F.S.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV.**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager:

AMBR

WILMER A. MATA OLIVAR

Urb. Villas de Buenaventura - Casa 2-10  
Quatira, Venezuela

AMBR

WILMER J. MATA PINO

Urb. Villas de Buenaventura - Casa 2-10  
Quatira, Venezuela

AMBR

MILDRED M. OLIVAR GONZALEZ

3233 E. DANVILLE CIRCLE  
MEMPHIS, TEN 38113

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

N/A

**REQUIRED SIGNATURE:**

X

Signature of a member or an authorized representative of a member.

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.

WILMER J. MATA PINO

Typed or printed name of signee

2025 JAN 31 PM 5:22