

04/28/2004 12:08

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FOWLER WHITE BURNETT

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Division of Corporations

W044000032555

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FOWLER, WHITE, BURNETT, ET AL
Account Number : 071250001512
Phone : (305) 789-9200
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

ISLESTYLE, LLC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION
OF
ISLESTYLE, LLC

ARTICLE I

The name of the limited liability company formed hereby is ISLESTYLE, LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

2803 Crystal Court
Miami, Florida 33133

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

J. Michael Pennkamp, Esq.
100 S.E. 2nd Street, 18th Floor
Miami, Florida 33131

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ARTICLE V

The Limited Liability Company shall be manager-managed. The name and address of the initial Manager are as follows:

Catherine Pennekamp
2803 Crystal Court
Miami, Florida 33133


J. Michael Pennekamp,
as Authorized Representative of the Members

FILED
CLERK OF DISTRICT COURT
MIAMI, FLORIDA
APR 29 2004

STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

Before me personally appeared J. Michael Pennekamp, as Authorized Representative of the Members, ☒ who is personally known to me, or ☐ who produced _____ as identification, to be the person who executed the foregoing Articles of Organization.

In witness whereof I have hereunto set my hand and official seal this 28 day of April, 2004.



Judith D. Rodman
Commission # RD057845
Expires Oct. 18, 2005
Booked Time
Atlantic Bonding Co., Inc.


Notary Public

Print Name: JUDITH D. RODMAN

My Commission expires: 10/18/2005

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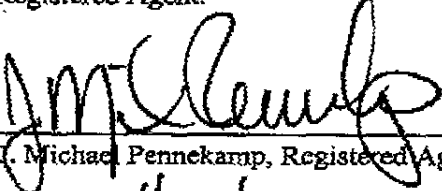
**CERTIFICATE OF DESIGNATION
OF RESIDENT AGENT AND
ACCEPTANCE OF DESIGNATION**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is ISLESTYLE, LLC.
2. The name and address of the Registered Agent and Office is:

J. Michael Pennekamp, Esq.
100 S.E. 2nd Street, 17th Floor
Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.



J. Michael Pennekamp, Registered Agent
Date: 4/28/04

ISLESTYLE, LLC

By: 

J. Michael Pennekamp,
as Authorized Representative
of the Members

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