

# Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 Phone

Fax Number : (305)633-9696

### ORIDA/FOREIGN LIMITED LIABILITY CO.

Certificate of Status	• • • • • • • • • • • • • • • • • • •
Certified Copy	0
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MAR - 1 2007

## 1/07000054375

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Jose F. Acuna
	15986 SW 100 Lane
	Miaml, Florida 33196
A CONTRACTOR OF THE CONTRACTOR	
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(Use attachment if necessary)	
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LE V: Effective date, if other the lective date is listed, the date is days after the date of filing.)  REQUIRED SIGNATURE:	member or an authorized representative of a member.
LE V: Effective date, if other the lective date is listed, the date is days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a contract of this document.	must be specific and cannot be more than five business day

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM ARTICLE I - Name: The name of the Limited Liability Company is: ISCP, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 15966 SW 100 Lane 15966 SW 100 Lane Miami, Fiorida 33196 Miami, Florida 33196 ARTICLE III - Registered Agent, Registered Office, & 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: Jose F. Acuna Name 15966 SW 100 Lane Florida street address (P.O. Box NOT acceptable) Mlami City, State, and 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 608, F.S..

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