7000119063

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|--------------|---|--|---|--|--|
| SUBJ | | upply L.L.C | ., | | |
| | (Name of Limit | zu Liability Compi | any) | | |
| The en | closed Articles of Organization and fee(s) are | submitted for filing | g. | | |
| Please | return all correspondence concerning this matt | er to the following | ŗ: | | |
| | Adolfo Juan Laffite | | | | |
| | | (Name of Person) | | | |
| | International Source & Supp | ly L.L.C | | | 07 07 |
| | | (Firm/Company) | ····· | - | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 |
| | 27013 Arrowbrook Way | | | | TINOV 28 AH II: 32 |
| | | (Address) | | | JĂPO |
| | Wesley Chapel, Florida, 335 | 544 | | | |
| | (Cit | y/State and Zip Code |) | | 32 |
| For fu | ther information concerning this matter, please | call: | | | |
| Ado | lfo Juan Laffite | at (813 | 943-33 | 81 | |
| | (Name of Person) | (Area Cod | e & Daytime To | elephone Number) | |
| Enclo | sed is a check for the following amount: | | | | |
| \$125 | .00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status | \$155.00 Filin Certified Co (additional cop. | ру | \$160.00 Filing F Certificate of Sta Certified Copy (additional copy is e | tus & |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registrati Division Clifton E 2661 Exc | ourier Addression Section of Corporatio Building ecutive Center see, FL 32301 | ns | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Compan | y is: | | |
|---|--|-----------------------------------|--|
| International Source & Supply L (Must end with the words "Limited | L.C Liability Company, "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and street address of t | he principal office of the Limited Liabilit | y Company is: | |
| Principal Office Address: | Mailing Address: | | |
| 27013 Arrowbrook Way | 27013 Arrowbrook Way | | |
| Wesley Chapel, Florida, 33544 | Wesley Chapel, Florida, 33544 | | |
| ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of | Registered Agent. You must designate an individual o | | |
| Adolfo Juan Laffi | te | 07 07 | |
| 444 | Varne | OZ NOV | |
| 27013 Arrowbrod | ok Way | NOV 28 | |
| Florida stre | et address (P.O. Box <u>NOT</u> acceptable) | G F | |
| Wesley Chapel, Florida, 33544 | | A.H | |
| City, S | tate, and Zip | CORPORATIO | |
| | d to accept service of process for the above d in this certificate, I hereby accept the app pacity. I further garge to comply with the | e stated limiteg; pointment as | |

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| MGR | Adolfo Juan Laffite 27013 Arrowbrook Way | |
|--|---|------------------------|
| | Wesley Chapel, Florida, 33544 | |
| MGR/M | Marie E. Laffite | |
| 100 To 10 | 27013 Arrowbrook Way | |
| | Wesley Chapel, Florida, 33544 | |
| | | 07 NOV 28 |
| (Use attachment if necessary) | | # |
| ICLE V: Effective date, if other than effective date is listed, the date mus 90 days after the date of filing.) | the date of filing: (OPT st be specific and cannot be more than five business | IONASS ss days pric |

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

(ha accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Adolfo Juan Laffite

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)