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COVER LETTER

erin roem.	ISS Investm	ents. LLC.	
SUBJECT:			_
The enclosed Article	es of Organization and fee(s) are subm	itted for filing.	
Please return all cor	(Name of Limited Liability Company) e enclosed Articles of Organization and fee(s) are submitted for filing. asse return all correspondence concerning this matter to the following: Phyllis Sharp (Name of Person) (Firm/Company) 6752 Poley Creek Drive W. (Address) Lakeland, FL 33811 (City/State and Zip Code)		
	Phylli	s Sharp	
	(Narr	Phyllis Sharp (Name of Person) (Firm/Company) 6752 Poley Creek Drive W. (Address) Lakeland, FL 33811 (City/State and Zip Code) ncerning this matter, please call: Sharp at (863) 646-8700 Person) (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)	
	(Firm	n/Company)	
	· · · · · · · · · · · · · · · · · · ·		
	_ (,	Address)	
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	(City/Sta	te and Zip Code)	
For further informat	ion concerning this matter, please call	: E	200
Phy	vilis Sharp	863 646-8700	
	(ame of Person)	(Area Code & Daytime Telephone Number)	C 20
Enclosed is a chec	k for the following amount:	r r :	
_	ee \$\sums\$130.00 Filing Fee & \$\sums\$\$ Certificate of Status	S155.00 Filing Fee & \$160.00 Filing Certified Copy Certificate of S (additional copy is enclosed) S155.00 Filing Fee & \$160.00 Filing Certificate of S (additional copy is careful for the company of the company of the copy is careful for the copy	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

e: nited Liability Company	' is :	
	,	
ISS Investme	ents, LLC.	
t end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
Iress:		
and street address of the	e principal office of the Limited Lia	ability Company is:
ldress:	Mailing Address:	
w.	6752 Poley Creek Drive W.	
	Lakeland, FL 33811	
npany cannot serve as its own Retive Florida registration.) lorida street address of the Dougla: Na 439 S. Florida A Florida street Lakeland	he registered agent are: s V. Bailey ame Avenue, Ste. 300 t address (P.O. Box NOT acceptable) FL 33801	
	ISS Investment and with the words "Limited Librers: and street address of the Idress: W. gistered Agent, Register and street address at its own Register address of the Idress: Dougla No. 439 S. Florida Agent Age	ISS Investments, LLC. I end with the words "Limited Liability Company, "L.L.C.," or "LLC.") Iress: and street address of the principal office of the Limited Liability Endergoid Mailing Address: Mailing Address: M. 6752 Poley Creek Drive W. Lakeland, FL 33811 gistered Agent, Registered Office, & Registered Agent's Inpany cannot serve as its own Registered Agent. You must designate an indivitive Florida registration.) I orida street address of the registered agent are: Douglas V. Bailey Name 439 S. Florida Avenue, Ste. 300 Florida street address (P.O. Box NOT acceptable) Lakeland 23901

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..

Rogistered Agent's Signature (REOUIRED)

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Memb	per	
MGR	Phyllis Sharp	
	6752 Poley Creek Drive W.	
	Lakeland, FL 33811	
MGRM	Steve Sharp	
	6752 Poley Creek Drive W.	
	Lakeland, FL 33811	
•		
		-
		•
(Use attachment if necessary))	
LE V: Effective date, if other	than the date of filing: (OPTIO	NAL)
	e must be specific and cannot be more than five business	•
days after the date of filing.)	l	
		21
	7> cT	
REQUIRED SIGNATURE:	P S	
REQUIRED SIGNATURE	ASE CONTROL OF THE CO	
REQUIRED SIGNATURE:	AHAS	INT DEC 20
	AHAS	2001 DEC 20 AI
Signature of (In accordance of this document)	AHAS	~
Signature of (In accordance of this document)	a member of an authorized representative of a member. The with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury	DOT DEC 20 AM II: 09

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)