

W8000039439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

APR 21 2008

EXAMINER

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl 32314

SUBJET: INDEPENDENT SALES SOLUTIONS L.L.C.

(Proposed corporate name)

Enclosed you will find a check in the amount of \$ 130.00 for Filing Fee & Certificate.

FROM: Florida Insurance & Acct. Serv. Inc
P O BOX 651221
MIAMI, FL 33265
PHONE # 305-461-4884

Please send the Articles to the address above.

Thank you

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INDEPENDENT SALES SOLUTIONS L.L.C.

(Must end with 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:

Mailing Address:

82 CENTRAL AVE

82 CENTRAL AVE

KEY LARGO FL 33037

KEY LARGO, FL 33037

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:

JOAN K. KINKOPF

Name

82 CENTRAL AVE

Florida Street Address (P.O. Box **NOT** acceptable)

KEY LARGO FL 33037

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.

Joan K. Kinkopf
Registered Agent's Signature (REQUIRED)

JOAN K. KINKOPF

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

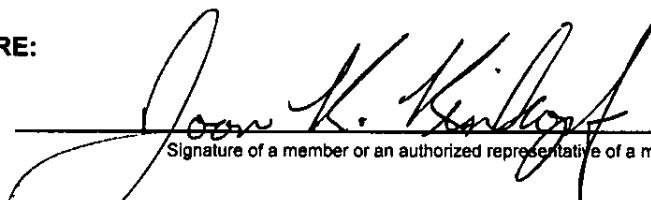
JOAN K KINKOPF
82 CENTRAL AVE
KEY LARGO FL 33037

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 15, 2008 (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.)

REQUIRED SIGNATURE:



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

(In 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.)

JOAN K. KINKOPF

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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