

L10000069473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

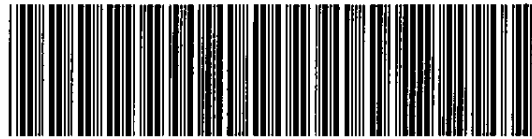
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

JUN 30 2010

EXAMINER



000182602160

06/28/10--01005--012 **130.00

FILED

10 JUN 17 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Eff.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ISG Tao, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philip J. Spiegelman

Name of Person

ISG Tao, LLC

Firm/Company

2875 N. E. 191st Street, Suite 200

Address

Aventura, Florida 33180

City/State and Zip Code

info@intlsalesgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip J. Spiegelman

Name of Person

at (305) 931-6511

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|--|

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ISG Tao, LLC

(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:

2875 N. E. 191st Street, Suite 200

Aventura, Florida 33180

Mailing Address:

2875 N. E. 191st Street

Aventura, Florida 33180

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:

Staci Genet, Esq.

Name

2875 N. E. 191st Street, Suite 200

Florida street address (P.O. Box **NOT** acceptable)

Aventura

FL 33180

City, State, and Zip

FILED
10 JUN 17 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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:

Managing Member

Philip J. Spiegelman

2875 N. E. 191st Street, Suite 200

Aventura, Florida 33180

Managing Member

Craig S. Studnick

2875 N. E. 191st Street, Suite 200

Aventura, Florida 33180

Manager

Michael A. Ambrosio

2875 N. E. 191st Street, Suite 200

Aventura, Florida 33180

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 17, 2010. (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.)

Philip J. Spiegelman, Managing Member

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)