

06/03/2011 09:49

30 28 00

ZARIS

PAGE 01/03

https://www.flcourts.gov/scripts/enicovr.cfm

L11000065301

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000145459 3)))



H110001454593ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
11 JUN -3 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
ISAVEN Investments, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED
11 JUN -3 AM 7:13
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu Corporate Filing Menu

T. HAMPTON

Help N - 6 2011

EXAMINER

H11000145459

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I – Name: The name of the Limited Liability Company is:

ISAVEN Investments, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2071 NW 112th Avenue,
Miami, FL, 33172.

Mailing Address:

2071 NW 112th Avenue,
Miami, FL, 33172

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's
Signature:**

The name and the Florida street address of the registered agent are:

IVAN JOSE SALDIVIA

2071 NW 112th Avenue
Miami, FL 33172.

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.

IVAN JOSE SALDIVIA

x 
Registered Agent's Signature

(CONTINUED)
Page 1 of 2

H11000145459

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN -3 AM 7:13

H11000145459

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

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

Title:

Name and Address:

MGRM

IVAN JOSE SALDIVIA

MGRM

IGOR SALDIVIA

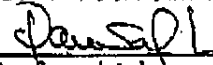
REQUIRED SIGNATURE:

x 

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.)

IVAN JOSE SALDIVIA



Typed or printed name of signer

H11000145459

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN -8 AM 7:13