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SECRETARY OF STATEMS
DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS

C. LEWIS

SEP 2 5 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	, , , , , , , , , , , , , , , , , , ,
SUBJECT: ISI Acquisitions, LLC	
	nited Liability Company
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Jesse K. Rose, Esq.	
	Name of Person
ISI Acquisitions, LLC	
	Firm/Company
475 Central Avenue, Suite	e 300A
	Address
Saint Petersburg, FL 33701	
	City/State and Zip Code
JesseKRose@aol.com	•
	d for future annual report notification)
For further information concerning this matter, plea	se call:
Jesse K. Rose, Esq.	at (727) 244-2447
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$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:	
ISI Acquisitions, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
475 Central Avenue	475 Central Avenue
Suite 300A	Suite 300A
Saint Petersburg, FL 33701	Saint Petersburg, FL 33701
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regista business entity with an active Florida registration.) The name and the Florida street address of the re	Office, & Registered Agent's Signature: VISION OF COMMENT OF COMM
Jesse K. Rose, Esq.	egistered agent are:
Name	
475 Central Avenu	ue, Suite 300A
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Saint Petersburg	_{FL} 33701
City, Sta	te, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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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:

<u>Title:</u> "MGR" = Manager	Name and Address:
'MGRM" = Managing Mem	er
MGRM	John R. Goss
	808 North Franklin Street, Apartment 2608
	Tampa, FL 33602
MGRM	Jesse K. Rose, Esq.
	475 Central Avenue, Suite 300A
	Saint Petersburg, FL 33701
MGRM	Justin J. Steiner
	400 4th Avenue South, Unit 503
	Saint Petersburg, FL 33701
MGRM	Andrew S. Weatherford
 	2803 West San Isidro, Apartment D
	2803 West San Isidro, Apartment D Tampa, FL 33629 than the date of filing: . (OPTIO
	Tampa, FL 33629 than the date of filing: (OPTIO
LE V: Effective date, if other fective date is listed, the date days after the date of filing. REQUIRED SIGNATURE	Tampa, FL 33629
LE V: Effective date, if other fective date is listed, the date days after the date of filing. REQUIRED SIGNATURE Signature of (In accordance with seconstitutes an affirm I am aware that any file.)	than the date of filing: (OPTIC must be specific and cannot be more than five business a member or an authorized representative of a member.
LE V: Effective date, if other fective date is listed, the date days after the date of filing. REQUIRED SIGNATURE Signature of (In accordance with seconstitutes an affirm I am aware that any file.)	than the date of filing: (OPTIO must be specific and cannot be more than five business a member or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true lise information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)

ring rees:

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

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