

L13000134536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

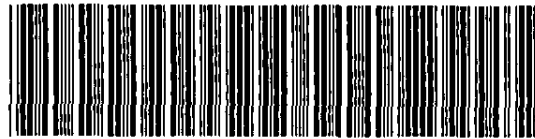
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600251783066

09/24/13--01002--006 \*\*125.00

RECEIVED  
DEPARTMENT OF STATE  
13 SEP 23 PM 4:30

FILED  
13 SEP 23 AM 9:55  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers SEP 24 2013

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-23

CONTACT: RICKY SOTO

DATE: 09/23/2013

REF. #: 8902293

CORP. NAME: ISALDA, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 70007347 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

FILED  
13 SEP 23 AM 9:55  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLES OF ORGANIZATION**

**OF**

**ISALDA, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is ISALDA, LLC (the "Company").

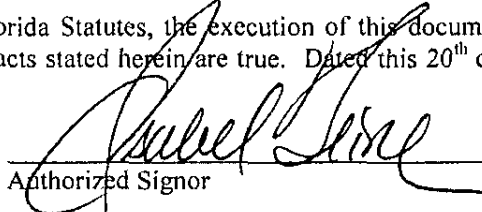
**ARTICLE II - Address**

The mailing address and street address of the principal office of the Company is 1450 Madruga Avenue, Suite 303, Coral Gables, Florida 33146.

**ARTICLE III - Registered Agent and Office**

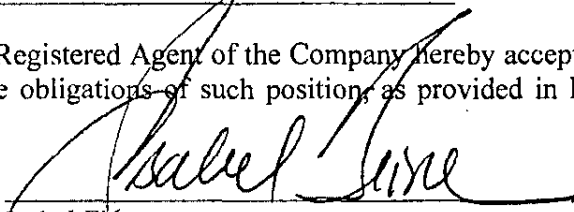
The street address of the Corporation's initial registered office is 1450 Madruga Avenue, Suite 303, Coral Gables, Florida 33146 and the name of its initial registered agent at such office is Maurice Cayon.

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. Dated this 20<sup>th</sup> day of September, 2013.

  
Authorized Signor

**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**

The undersigned, having been named the Registered Agent of the Company hereby accepts such designation and is familiar with, and accepts, the obligations of such position, as provided in Florida Statutes §607.0505.

  
Isabel Fine

Dated: September 20, 2013

FILED  
13 SEP 23 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA