

10/21/2031 02:55

#3495 P.001/003

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.  
ISABELLA LLC**

Certificate of Status		1
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I – Name:**

The name of the Limited Liability Company is:

**ISABELLA LLC**

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

**ARTICLE II – Address:**

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

**Principal Office Address:**13571 SW 40 LANE  
Miami, FL 33175**Mailing Address:**13571 SW 40 LANE  
Miami, FL 33175**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:

**ISABEL CRISTINA MUIR**  
Name13571 SW 40 LANE  
Florida Street address (P.O. Box NOT acceptable)Miami, FL 33175  
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 the 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..

x   
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

ISABEL CRISTINA MUIR  
13571 SW 40 LANE  
Miami, FL 33175

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Monday, December 02, 2013. (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:**

x Isabel Cristina Muir  
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.)

ISABEL CRISTINA MUIR  
Typed or printed name of signee

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this Monday, December 02, 2013, ISABEL CRISTINA MUIR the Member, who is personally known to me and who did take an oath.

Gustavo Rodriguez  
Gustavo Rodriguez, Notary Public  
State of Florida at Large



GUSTAVO RODRIGUEZ  
NOTARY PUBLIC, STATE OF FLORIDA  
EXPIRES: March 6, 2016  
Gustavo Rodriguez, Notary Public

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