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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone #	¥)
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(Bu	ısiness Entity Name	· •)
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COVER LETTER •

Division of Corporations		
SUBJECT: Isis Retail Consultants, LLC Name of L	imited Liability Company	
The enclosed Articles of Organization and fee(s)	are submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
Donald P. Uselmann	Name of Person	
Isis Retail Consultants, LLC		
915 Entrary Work	Firm/Company	
815 Estuary Way	Address	
Delray Beach, FL 33483	City/State and Zip Code	
don.uselmann@gmail.com E-mail address: (to be use	ed for future annual report notifica	ation)
For further information concerning this matter, ple	ease call:	
Don Uselmann at (Name of Person	917) 696-0355 Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Add	<u>ress</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:				
Isis Retail Consultants, 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 of	fice of the Limited Liability Comp	oany is:		
Principal Office Address:	Mailing Address:			
815 Estuary Way Delray Beach, FL 33483	815 Estuary Way Delray Beach, FL 33483		_ _ _	
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio	Registered Agent. You must desig		vidual	or
The name and the Florida street address of the registered	agent are:			
Donald P. Uselmann Name				
815 Estuary Way Florida street address (P.O. Box	NOT acceptable)			
Delray Beach	FL			
City	Zip			
Having been named as registered agent and to accept se the place designated in this certificate, I hereby accep capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob Chap Registered Agent's Signa	t the appointment as registered age of all statutes relating to the proper ligations of my position as registere ter 605, F.S	ent and agree and comple	to act te perf	t in this Formance
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Page 1 of 2		モニ	ž	

FILED

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ECRETARY OF STATE
LLAHASSEE, FLORIDA

Title:	Name and Address:
"AMBR" = Authorized Member	
'MGR" = Manager MGR	Donald P. Uselmann
	815 Estuary Way
	Delray Beach, FL 33483
·	
Use attachment if necessary)	
	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	member or an authorized representative of a member. 1605.0203 (1) (b), Florida Statutes, the execution of this document
EV: Effective date, if other than the detive date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation used in the constitutes at a signature of a constitutes at a signature of a constitutes at a signature of a constitutes at third degree feet.	member or an authorized representative of a member. a 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. a formation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
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