## L14000104600

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(Ke	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nar	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
:		

Office Use Only



06/30/14--01029--019 \*\*130.00



2014 JUN 30 AM II: 29

## **COVER LETTER**

TO:	Registration Division of C	Section Corporations		
SUBJI	ECT:	ISLAND Name of Lin	SHIPPERS LLC. nited Liability Company	
The en	nclosed Articles	of Organization and fee(s) as	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
			PIERRE ZACCA Name of Person	
	# (# ) (# ) # · P / A (# )	······································	Firm/Company	
		2;	330 SW 84th TER	
	<u> </u>		IRAMAR FL 33025 City/State and Zip Code	
		E-mail address: (to be used	ojamaica@yahoo.com d for future annual report notifica	ation)
For fu	rther informatio	n concerning this matter, plea	ase call:	
		ne of Person	,	6149 Iephone Number
Enclos	sed is a check fo	or the following amount:		
<b>] \$</b> 125.(	00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		iling Address istration Section	Street/Courier Add Registration Section	ress
	Divi	ision of Corporations . Box 6327	Division of Corporate Clifton Building	tions
		ahassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ISLAND SHIPI	PERS LLC	
	ed Liability Company, "L.L.C.," or "L	LC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
2330 SW 84th TER MIRAMAR FL, 33025	2330 SW 84th TER MIRAMAR FL. 33025	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat.  The name and the Florida street address of the registered	m Registered Agent. You must designation.) ed agent are:	nte an individual or
PIERRE 2 Nan		
	0.4 TED	30 ARY 6
2220 CM		- <u></u>
Florida street address (P.O. B		四点 量 )
	ox <u>NOT</u> acceptable)	AH II: 2 F STAT
Florida street address (P.O. B	ox <u>NOT</u> acceptable)	HII: 29 FLORIDA

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	PIERRE ZACCA
	2330 ŞW 84 TER
	MIRAMAR FL. 33025
MOD	05500574401446704
MGR	GREGORY WOLLASTON
	2330 SW 84 TER
	MIRAMAR FL. 33025
<del> </del>	· · · · · · · · · · · · · · · · · · ·
E V: Effective date, if other than the cective date is listed, the date must be	late of filing:JULY 1, 2014 (OPTIONAL) specific and cannot be more than five business days prior to or 90 day
E V: Effective date, if other than the cective date is listed, the date must be of filing.)	
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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 constitutes an affirmation u I am aware that any false in	member or an authorized representative of a member.  1 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.  1 formation submitted in a document to the Department of State
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ARTICLE IV-