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(Re	questor's Name)	
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PICK-UP	WAIT (MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
		
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ON NOV -6 PN 12: O Secretary of State Secretary of State

COVER LETTER

TO:

Registration Section

Division of	Corporations		
SUBJECT:		ISE GOODS, LLC	
	Name of Lin	nited Liability Company	
The enclosed Article	s of Organization and fee(s) ar	re submitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	
		Maria Protopsaltis Name of Person	
		rame of refson	
	N	NUSE GOODS, LLC	
		Firm/Company	
	1	1 Driftwood Drive	
		Address	
		ey West, FL 33040 ity/State and Zip Code	
	musegoods E-mail address: (to be used	llc@gmail.com d for future annual report notifica	ation)
For further information	on concerning this matter, plea		,
	•		
	a Protopsaltis at (_ me of Person		6250 lephone Number
Enclosed is a check for	or the following amount:		/
3 \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address	Street/Courier Add	

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

	ISE GOODS, LLC	
(Must end with the words	s "Limited Liability Company, "L.L.C" or "LLC."))
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:	:
Principal Office Address:	Mailing Address:	
44 Drifferenced Drives		
11 Driftwood Drive Key West, FL 33040 ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida	as its own Registered Agent. You must designate an	individual or
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	Mey West, FL 33040 d Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an registration.)	individual or
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	Mey West, FL 33040 d Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an registration.) registered agent are:	SECRETAL TALLANAS
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	Key West, FL 33040 d Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an registration.) registered agent are: aria Protopsaltis Name	SECRETARY -6
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(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u> Citle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
Partner AMBR	Maria Protopsaltis
	11 Driftwood Drive
	Key West, FL 33040
AMBR	
Partner	Janie Hom
	2873 Higgins Rd
	West Sacramento, CA 95691
AMBR	TTOOL GUGGINGING, OA GOOD I
Partner	Brendon Hom
I WILLIGH	2873 Higgins Rd
	West Sacramento, CA 95691
	AACST ONCINIENTO, OW 2003 I
ctive date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days
EV: Effective date, if other than the ctive date is listed, the date must be filling.) EVI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 days
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EV: Effective date, if other than the etive date is listed, the date must be filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Mayela	e specific and cannot be more than five business days prior to or 90 days Prolophalles
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CV: Effective date, if other than the etive date is listed, the date must be filing.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false in the etive of the etion of the ethon of	a member of an authorized representative of a member. In 605.0203 (1) (b). Florida Statutes, the execution of this document. In 605.0203 (1) (b). Florida Statutes, the execution of this document. In 605.0203 (1) (b). Florida Statutes, the Department of State elony as provided for in s.817.155, F.S.)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)