

L15000600912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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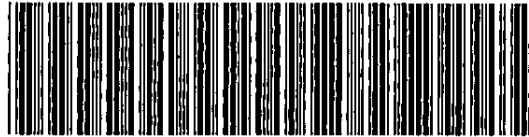
(Business Entity Name)

(Document Number)

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

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15 JAN -2 AM 7:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JAN 05 2015

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 10, 2014

THIERRY FRANCK  
5600 COLLINS AVE 9F  
MIAMI BEACH, FL 33140

SUBJECT: ISMT LLC  
Ref. Number: W14000073682

We have received your document for ISMT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 014A00026113

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ISMT  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THIERRY-FRANCK and ROMAIN GUNTER FAUTRE  
Name of Person

ISMT  
Firm/Company

5600 COLLINS AVE - Suite 9F-  
Address

MIAMI-BEACH-FLORIDA-33140  
City/State and Zip Code

T3FUS@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THIERRY-FRANCK 786 - 553-2281  
ROMAIN GUNTER at 786 - 942-6654  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee      ☐ \$130.00 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  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
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:

ISM-T 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 office of the Limited Liability Company is:

Principal Office Address:

5600 COLLINS AVE-9F  
MIAMI BEACH  
FLORIDA - 33140

Mailing Address:

5600 COLLINS AVE-9F  
MIAMI BEACH  
FLORIDA - 33140

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:

THERRY-FRANCK FAUTRE  
Name

5600 COLLINS AVE-9F

Florida street address (P.O. Box NOT acceptable)

MIAMI BEACH FL 33140  
City 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 this 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 605, F.S..

[Signature]

Registered Agent's Signature (REQUIRED)

[Signature]  
A17 B12

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

THERRY-FRANK FAURE 5600 COLLINS AVE - 9F  
MIAMI BEACH - FL 33140

ROMAIN GUNTON 5600 COLLINS AVE - 9F  
MIAMI BEACH  
FL - 33140

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing \_\_\_\_\_ (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

THERRY-FRANK FAURE ROMAIN GUNTON

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

THERRY-FRANK FAURE & ROMAIN GUNTON  
Typed or printed name of signee FAURE

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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