

**L15000183712**

**Florida Department of State**

**Division of Corporations  
Electronic Filing Cover Sheet**

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**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
ISAMIGAC, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

15 OCT 29 AM 6:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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H15000254440

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ISAMIGAC LLC  
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:

RAUL R. DELGADO RO ARMAS, ESQ.  
Name of Person

RAUL R. DELGADO RO ARMAS & ASSOC, LLC  
Firm/Company

2525 PONCE DE LEON BLVD. SUITE 300  
Address

CORAL GABLES, FL 33134  
City/State and Zip Code

RDELGADO@RDALAW.COM  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

RAUL DELGADO at (786) 441 5228  
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  
2601 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ISAMIGAL, 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:

Mailing Address:

5413 NW 111 CT  
DORAL, FL 33178

SAME

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:

RAUL P. DELGADO ARMAS, ESQ.

Name

2525 PONCE DE LEON BLVD. SUITE 300

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

CORAL GABLES FL 33134

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.

Raul P. Delgado Armas, Esq.  
Registered Agent's Signature (REQUIRED)

(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

MGR

MGR

MGR

AMBR

AMBR  
(Use attachment if necessary)

Name and Address:

MIGUEL E. CEGLIA  
5413 NW 111 CT  
DORAL, FL 33178

ISABELA I CEGLIA ARVELO  
5413 NW 111 CT  
DORAL, FL 33178

ANDREA C. CEGLIA ARVELO  
5413 NW 111 CT  
DORAL, FL 33178

IRENE ARVELO DE CEGLIA  
5413 NW 111 CT  
DORAL, FL 33178

MICHELANGELO ALFONSE  
CEGLIA SESSA

**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.

ANY LEGAL PURPOSE

REQUIRED SIGNATURE:



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.)

RAUL R. DELGADO DE ARMAS  
Typed or printed name of signee

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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