

L150 00190094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

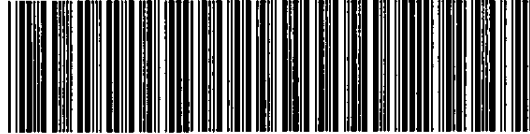
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 NOV 12 PM 4:21

12/12

cc

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** INDEPENDENT MARKETING CONSULTANT II, 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:

ISAGANI ISON

Name of Person

INDEPENDENT MARKETING CONSULTANT II, LLC

Firm/Company

2240 Grand Tree Ct

Address

Lake Mary, FL 32746

City/State and Zip Code

doublei777@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isagani Ison                      727                      637-4202  
at (                      )  
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**

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

**Street Address**

New Filing 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:

INDEPENDENT MARKETING CONSULTANT II, 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:

2240 Grand Tree Ct

Lake Mary, FL 32746

2240 Grand Tree Ct

Lake Mary, FL 32746

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:

ISAGANI ISON

Name

2240 Grand Tree Ct

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

Lake Mary

FL

32746

City

State

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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
15 NOV 12 PM 4:21

**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

AMBR

**Name and Address:**

Isagani Ison

2240 Grand Tree Ct

Lake Mary, FL 32746

Anabella Ison

2240 Grand Tree Ct

Lake Mary, FL 32746

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STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA

15 NOV 12 PM 4: 21

(Use attachment if necessary)

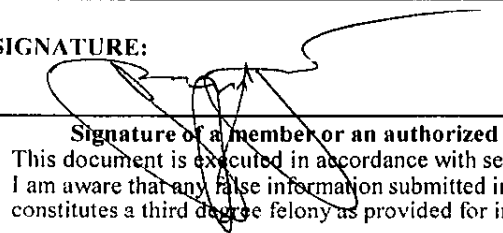
**ARTICLE V:** Effective date, if other than the date of filing: October 20, 2015 (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Isagani Ison MGR

ANABELLA ISON AMBR

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)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2015

ISAGANI ISON  
2240 GRAND TREE CT  
LAKE MARY, FL 32746

SUBJECT: INDEPENDENT MARKETING CONSULTANT II, LLC  
Ref. Number: W15000071118

RECEIVED  
15 NOV 12 PM 3:11  
TALLAHASSEE, FLORIDA

We have received your document for INDEPENDENT MARKETING CONSULTANT II, 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):

The document must be signed by a member or an authorized representative of a member.

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) 245-6052.

Christine Haney  
Regulatory Specialist II  
New Filing Section

Letter Number: 615A00022710

Article I

Section 1 – The name of corporation to be known as:

**INDEPENDENT MARKETING CONSULTANT II, LLC**

Article II

Mission/ Principle

To promote professional excellence through active enhancement of marketing principles, establish an entity designed for profit.