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16 APR 25 PM 3: 31
SECRETARY OF STATE

1#

COVER LETTER

	egistration Section vivision of Corporations	
SUBJECT	: INTERNATION Name of I	AL STATUS GROUP, LLC
The enclos	sed Articles of Organization and fee(s)	are submitted for filing.
Please retu	arn all correspondence concerning this	matter to the following:
	RICHARD	JEAN - MARY Name of Person
		Firm/Company
	10881 NW	29th CT. Address
		Address
	SUNRISE, 1	City/State and Zip Code
	ric HAAQQ u 4	City/State and Zip Code 38 @ 9mail. Com
-	E-mail address: (to be us	ed for future annual report notification)
For further in	nformation concerning this matter, ple	ase call:
licutari	D JEAN-MARY at (Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
]\$125.00 Fi	sling Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificat 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:	FILED		
INTERNATIONAL	STATUS	GROUP,	16 APR 25 PM 3: 31
(Must end with the words "Li		any, "L.L.C.," or "LLC	LISECRETARY OF STATE 2")
ARTICLE II - Address: The mailing address and street address of the princi	ipal office of the Limi		
Principal Office Address	:	Mailing	Address:
10881 NW 29+n C	.T	10881 NW	29th Ct

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:

RICHAR	-D (JEAN	- M	ARY	
Name					
10881	NW	29m	C +		
Florida street address (P.O. Box NOT acceptable)					
Sunris	Ξ,	FL		33322	
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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

The name and address of each person at Title: "AMBR" = Authorized Member	Name and Address:	16 APR 25 PM 3: 32
"MGR" = Manager	Giovanni T 3201 NW G SUNRISE, F	OUD FRANCE FLORIDA
AMBR	ANDREA KE	n st
AMBR	7058 LANTA	NA LANE
AMBR	SYBIL BURS 4430 NW 7 PLANTATION	ë tn C+ ,FL 33317
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be space the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department	pecific and cannot be more than five be meet the applicable statutory filing rec	ousiness days prior to or 90 days after
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	if	
This document is execu I am aware that any fals	uember or an authorized representate ated in accordance with section 605.02 se information submitted in a document see felony as provided for in s.817.155,	03 (1) (b), Florida Statutes. t to the Department of State
	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)