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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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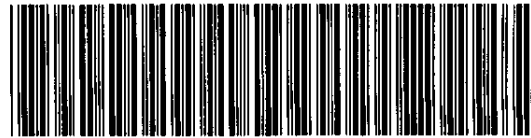
(Business Entity Name)

(Document Number)

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16 NOV -1 PM 2:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

no 11/2/16

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISJ PROPERTY INVESTMENT, 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:

YVON ST. JUSTE

(Name of Person)

(Firm/Company)

168 NE 91st STREET

(Address)

MIAMI, FLORIDA 33138

(City/State and Zip Code)

For further information concerning this matter, please call:

YVON ST. JUSTE

(Name of Person)

at (305) 244-1797

(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

16 NOV -1 PM 2:17
CLERK OF STATE
TALLAHASSEE FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

ISJ PROPERTY INVESTMENT , LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4810-4814 NE 2nd AVENUE

MIAMI, FLORIDA 33137

Mailing Address:

168 NE 91st STREET

MIAMI, FLORIDA 33138

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

YVON ST. JUSTE

Name

168 NE 91st STREET

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

MIAMI

FLORIDA 33138

City, State, and 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 608, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

YVON ST. JUSTE

168 NE 91st STREET


MIAMI, FLORIDA 33138

(Use attachment if necessary)

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SECRETARY OF STATE
TALLAHASSEE - FLORIDA

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

YVON ST. JUSTE

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)