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(Re	equestor's Name)	,
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M. MOON NOV 0 9 2016

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJEC	Isabel Frances, LLC			
30000		Limited Liabili	ty Company	
The encl	losed Articles of Organization and fee(s)) are submitted	for filing.	
Please n	eturn all correspondence concerning this	matter to the fo	ollowing:	
	Evelyn Mendez			
		Name of	Person	
		Firm/Co	npany	
	825 Renaissance Pointe #201			
		Addre	ess	
	Altamonte Springe, Fl, 32714			
		City/State and	d Zip Code	
	IsabelFrancesUniqueCreations@outl E-mail address: (to be u		navel report notifics	tion)
For furthe	er information concerning this matter, plo		minar report normer	uion)
	Evelyn Mendez	407	788-8180)	
	Name of Person	Area Code	Daytime Telepho	one Number
Enclose	d is a check for the following amount:			
]\$ 125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	LCertific	0 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy
				(additional copy is enclose
	Mailing Address		Street Address	8

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

New Filing Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1	l - Name:				
The name of	the Limited Liability	Company is:			
I	sabel Frances, LLC				
_	(Must end w	ith the words "Limited L	iability Cor	npany, "L.L.C.," or "LLC.")	· · · · · · · · · · · · · · · · · · ·
ADTICLE	II - Address:				
		leass of the eximates I offi	C1b- 1 :	-is-d Linkillan Coi	
r ne mannig	audiess and sueet add	iress of the principal offi	ice of the Li	mited Liability Company is:	
	<u>Principal</u>	Office Address:		Mailing Ad	dress:
_8	25 Renaissance Point	e #201		825 Renaissance Pointe # 2	201
Ā	Altamonte Springs, FL	., 32714		Altamonte Springs, FL, 32	714
(The Limited	l Liability Company c	it, Registered Office, & annot serve as its own R tive Florida registration.	egistered A	gent. You must designate an	individual or
The name an	d the Florida street ac	ldress of the registered a	gent are:		
		Evelyn Mendez			
			Name	-	
		825 Renaissance Ponte	#201		
		Florida street address (P.O. Box N	OT acceptable)	
		Altamonte Springs	FL	32714	
		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

16 MON -0 LM 5141E

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Evelyn Mendez
	825 Renaissance Pointe #201
	Altamonte Springs, FL, 32714
of filing.) f the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be li
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