

L17 000 096686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300297125583

04/27/17--01027--017 **125.00

FILED
17 APR 27 PM 1:43
TALLAHASSEE, FLORIDA

D O'KEEFE
MAY 02 2017

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: ISF 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:

Carlos Martinez
Name of Person

Carlos Martinez & Associates
Firm/Company

12001 SW 128th CT St 209
Address

Miami, FL 33186
City/State and Zip Code

csr@cmlc.co
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Martinez 305 387-0076
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:

ISF Investment LLC

(Must contain 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:

17315 Collins Ave 2107

Sunny Isles, FL 33160

Mailing Address:

12001 SW 128th Ct Ste 209

Miami, FL 33186

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:

Dean Cittadino

Name

17315 Collins Ave 2107

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

Sunny Isles

FL

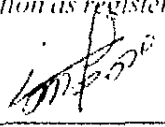
33160

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)

FILED
17 APR 27 PM 1:43
TALLAHASSEE, FLORIDA

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

Name and Address:

Fabio Ferrandi

17315 Collins Ave 2107

Sunny Isles, FL 33160

MGR

Ivan Cittadino

17315 Collins Ave 2107

Sunny Isles, FL 33160

(Use attachment if necessary)

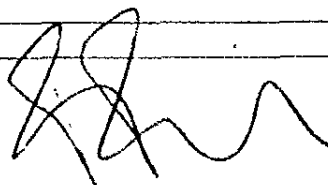
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

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.

Fabio Ferrandi

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)

FILED
17 APR 27 PM 1:43
CLERK OF THE COURT
TALLAHASSEE, FLORIDA



Carlos Martinez & Associates

Public Accountants

14335 SW 120 St, Suite 110,

Miami FL 33186 • Ph: 305-387-0076 | Fax: 305-368-0076

cjm@cmllc.co • www.cmllc.co

4/11/17

To whom it may concern:

By signing this letter, we, Fabio Ferrandi and Ivan Cittadino, members of ISF Investment LLC relinquish all rights to ownership of the company to use the company name as their own.

Regards,

Fabio Ferrandi

Ivan Cittadino

FILED
17 APR 27 PM 1:43
FALL AVALON, ARIZONA