

L21000482719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

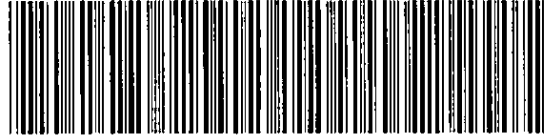
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500375539355

FILED
2021 NOV 12 PM 4:19
STATE
2021 NOV 10 PM 3:41
AMASSER

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: \$ 160.00

AUTHORIZED SIGNATURE: *[Signature]*

International Sales Consultants, LLC

Business Name

Document Number, (if KNOWN)

X **Certified copy of Articles of Incorporation**

 Pick up time

X **Certificate of Status**

 Will wait

NEW FILINGS

 Profit

 Not for Profit

X **Limited Liability**

 Domestication

 Other

 CORP

AMMENDMENTS

 Amendment

 Resignation of R.A.

Officer/Director

 Change of Registered Agent

 Dissolution/Withdrawal

 Merger

 Correction

OTHER FILINGS

 Annual Report

 Fictitious Name

 APOSTIL ()
Country

REGISTRATION/QUALIFICATIONS

 Foreign filing

 Limited Partnership

 Reinstatement

 Other

EXAMINER'S INITIALS:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2021 NOV 12 PM 12:10
TALLAHASSEE, FL
69

November 10, 2021

FLORIDA CAPITAL COURIER

SUBJECT: INTERNATIONAL SALES CONSULTANTS LLC
Ref. Number: W21000145910

We have received your document for INTERNATIONAL SALES CONSULTANTS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return 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.

Neysa Culligan
Regulatory Specialist III

Letter Number: 421A00027451

COVER LETTER

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

SUBJECT: INTERNATIONAL SALES CONSULTING SERVICES, 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:

CRAIG BARANY

Name of Person

INTERNATIONAL SALES CONSULTING SERVICES, LLC

Firm/Company

4302 HOLLYWOOD BLVD., STE 230

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

cables1955@gmail.com

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

For further information concerning this matter, please call:

CRAIG BARANY

954

865-2460

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTERNATIONAL SALES CONSULTING SERVICES, 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:

4302 HOLLYWOOD BLVD.
STE 230
HOLLYWOOD, FL 33021

Mailing Address:

4302 HOLLYWOOD BLVD.
STE 230
HOLLYWOOD, FL 33021

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:

CRAIG BARANY

Name

4302 HOLLYWOOD BLVD., STE 230

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

HOLLYWOOD	FL	33021
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

2021 NOV 12 PM 4:20

PROPOSED STATE
FI

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

CRAIG BARANY
4302 HOLLYWOOD BLVD., STE 230
HOLLYWOOD, FL 33021

FILED
2021 NOV 12 PM 4:20
STATE

(Use attachment if necessary)

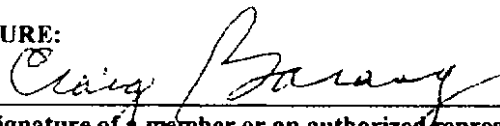
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

CRAIG BARANY

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)