

L22000273347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

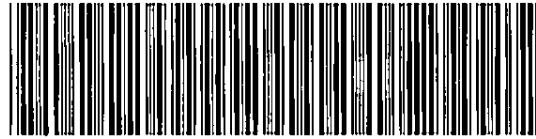
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600388835536

06/15/22--01004--010 **125.00

FILED
2022 JUN 15 PM 4:10
SECURITIES DIVISION
TALLAHASSEE, FL

RECEIVED
2022 JUN 15 PM 12:05
TALLAHASSEE, FL

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 6/15 DANNY

CERTIFIED COPY

XX PHOTOCOPY

CUS

XX FILING

LLC

1. **ISALBER INVESTMENTS, LLC**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED
2022 JUN 15 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

ISALBER INVESTMENTS, LLC

ARTICLE II - Address:

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

Principal Office Address:

11515 SW 43 TERR

MIAMI, FL 33165

Mailing Address:

11515 SW 43 TERR

MIAMI, FL 33165

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

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

ALBERTO A. QUINTANA

11515 SW 43 TERR

MIAMI, FL 33165

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.

/S/ALBERTO A. QUINTANA

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Members/Managers

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:

AMBR

ALBERTO A. QUINTANA

11515 SW 43 TERR

MIAMI, FL 33165

ARTICLE V: EFFECTIVE DATE

The effective date of this filing is June 15, 2022.

REQUIRED SIGNATURE:

/S/ ALBERTO A. QUINTANA

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.

ALBERTO A. QUINTANA

Typed or printed name of signee

FILED
2022 JUN 15 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FL