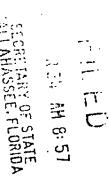
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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



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COVER LETTER

| | w Filing Sectivision of Cor | | | | | |
|----------------|-----------------------------|--|--------------|-------------|--|---|
| SUBJECT: | ISA Trade, | | | | | |
| SUBJECT. | | Name | of Limi | ted Liabil | ty Company | |
| The enclose | d Articles of | Organization and fo | e(s) are | submitted | for filing. | |
| Please retur | n all correspo | ndence concerning | this matt | er to the f | ollowing: | |
| | Iqbal Asgara | alli | | | | |
| | | | | Name of | Person | |
| | n/a | | | | | |
| | | | | Firm/Co | mpany | |
| | 2696 Mango | ostine Lane | | | | |
| | | | | Addı | ess | |
| | Ocoee, FL 3 | 34761 | | | | |
| | | <u> </u> | Cit | y/State ar | d Zip Code | |
| ia - | asgaralli@m E | | e used f | or future a | nnual report notification | on) |
| For further in | | ncerning this matter | | | · | |
| I | lqbal Asgara | Afi | 908 _at (| | 884-1122 | |
| • | Nam | e of Person | | | Daytime Telephone | e Number |
| Enclosed is | a check for the | ne following amour | ıt: | | | |
| □\$125.00 | Filing Fee | □\$130,00 Filing Certificate of Sta | | Certif | 5.00 Filing Fee & led Copy al copy is enclosed) | ■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | New F | g Address iling Section | | | Street Address New Filing Section Di The Centre of Tallaha | |
| | | on of Corporations ox 6327 | | | 2415 N. Monroe Stree | |

Tallahassee, FL 32314

Tallahassee, FL 32303

ADDICT ES OF ODCANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Li | ability Company is: | | | | |
|--|---|--|---|--|--|
| ISA Trade, LLC | | | | | |
| (Must | contain the words "Limited I | Liability Company, | "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and str | reet address of the principal o | ffice of the Limited | Liability Company is: | | |
| Pri | incipal Office Address: | | Mailing Address: | | |
| | | 2696 Mangostine Lane | | | |
| | ine Lane | 2696 | 6 Mangostine Lane | | |
| 2696 Mangosti Ocoee, FL 347 ARTICLE III - Registered The Limited Liability Com | d Agent, Registered Office, npany cannot serve as its own | & Registered Ager Registered Agent. | ee, FL 34761 | | |
| 2696 Mangosti Ocoee, FL 347 ARTICLE III - Registered The Limited Liability Contraction of the contraction o | d Agent, Registered Office, npany cannot serve as its own h an active Florida registration treet address of the registered | & Registered Ager Registered Agent. ' | ee, FL 34761 nt's Signature: | | |
| 2696 Mangosti Ocoee, FL 347 ARTICLE III - Registered The Limited Liability Contraction of the contraction o | d Agent, Registered Office, npany cannot serve as its own h an active Florida registratio | & Registered Ager Registered Agent. ' n.) | ee, FL 34761 nt's Signature: | | |
| 2696 Mangosti Ocoee, FL 347 ARTICLE III - Registered The Limited Liability Con- another business entity with | d Agent, Registered Office, npany cannot serve as its own h an active Florida registration treet address of the registered | & Registered Ager Registered Agent. ' | ee, FL 34761 nt's Signature: | | |
| 2696 Mangosti Ocoee, FL 347 ARTICLE III - Registered The Limited Liability Con- another business entity with | d Agent, Registered Office, npany cannot serve as its own h an active Florida registration treet address of the registered | & Registered Ager Registered Agent. ' in.) I agent are: | ee, FL 34761 nt's Signature: | | |
| 2696 Mangosti Ocoee, FL 347 ARTICLE III - Registered The Limited Liability Contraction of the contraction o | d Agent, Registered Office, npany cannot serve as its own h an active Florida registration treet address of the registered Iqbal Asgaralli | & Registered Agent. Son.) I agent are: Name | ee, FL 34761 nt's Signature: You must designate an individual or | | |
| 2696 Mangosti Ocoee, FL 347 ARTICLE III - Registered The Limited Liability Contraction of the contraction o | d Agent, Registered Office, npany cannot serve as its own h an active Florida registration treet address of the registered Iqbal Asgaralli 2696 Mangostine L | & Registered Agent. Son.) I agent are: Name | ee, FL 34761 nt's Signature: You must designate an individual or | | |

(CONTINUED)

Iqbal Asgaralli
Registered Agent's Signature (REQUIRED)

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..

| Title: "AMBR" = Authorized Memb "MGR" = Manager | Name and Address: cr |
|---|--|
| MGR | Iqbal Asqaralli 2696 Mangostine Lane Ocoee, FL 34761 |
| AMBR | Imran Mohamed 9015 Scarsdale Court, E West Melbourne, FL 32904 |
| | |
| | |
| (Use attachment if necessary) | CONTIONAL |
| TLE V: Effective date, if other the ffective date is listed, the date note of e of filing.) | an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 days af |
| If the date inserted in this block | does not meet the applicable statutory filing requirements, this date will not be liste |
| | epartment of State's records. |
| cument's effective date on the De | |
| cument's effective date on the Do | |
| | |

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.

Igbal Asgaralli

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)