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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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T. HAMPTCH

COVER LETTER

TO: Registration Section Division of Corporations	
	of Limited Liability Company
	ty Company for Authorization to Transact Business in Florida," Certificate of we referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter	er to the following:
Margarita	Sainz Name of Person
	nvestments, LLC Firm/Company
7245 SW	104 Street Address
Miami, F.	2. 33156 City/State and Zip Code
msainz.	5 @ bellsouth.net be used for future annual report notification)
For further information concerning this matter, please	·
Margarita SANZ Name of Person	at (305) 310 - 0065 Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount \$\sqrt{125.00}\$ Filing Fee \$\sqrt{Certificate of Status}\$	& \$\int\\$155.00 \text{ Filing Fee & \$\int\\$160.00 \text{ Filing Fee, Certificate}



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

13 AUG 21 PM 4:51

SECKETARY OF STATE TALLAHASSEE, FLORIDA

August 7, 2013

MARGARITA SAINZ 7245 SW 104 ST MIAMI, FL 33156

SUBJECT: ISAMAR II, LLC Ref. Number: W13000044051

We have received your document for ISAMAR II, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

You must submit a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

Please return 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) 245-6051.

Tammy Hampton Regulatory Specialist II

Letter Number: 313A00018923

Only 1 person. Me 11

Please email me when its Ox to do lusines maainz50 bellsouth. net

hand Usu www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

	(Name of Limi	ted Liability Company)		
a limited liability com	pany duly organized	and existing und	er the law	s of
NEVADA	·	·		
(State or Co	ountry of Organization)			
Because the name of the	his foreign limited li	ability company of	loes not s	atisfy the
requirements of the s.	608.406, F.S., the li	mited liability con	npany her	eby adopts the
following name to trar	nsact business in the	state of Florida:		
ISAMAR II, L				
(Name to be used by limited I Company, L.L.C., or LLC.)	iability company in Florida	n. NOTE: Name must e	nd with Limi	ted Liability
Date: (///gust	12 2013			
Signature(s) of Manag	er(s) and/or Managi	ng Member(s):		
Marganto	Claim			<u> </u>
				
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				AUG 2

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREK LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Tsamor Tovestments LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Isamar II. LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2 November 2 41,-3200078
2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. 46-320)878 (FEI number, if applicable)
4. April 16 2013 5. Perpetual (Duration: Year limited liability company will cease to
exist or "perpetual")
6. Oate first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 701 N. Green Valley PWKY Suite 200
Henderson Nevada 89074 (Street Address of Principal Office)
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
Margarita Sainz 1245 SW 104 ST
Margarita Sainz 7245 SW 104 ST Miami FL 33156
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Holdings
Margarita Claim
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.8 17.155, F.S.)
document to the Dengriment of Nigte constitutes a third degree telony as provided for in a X L L (
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
ayped or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Isomar Investments LLC		
If unavailable, the alternate to be used in the state of Florida is: Zsamar ZZ, LLC		
2. The name and the Florida street address of the registered agent and office are:		
Margarita Sainz (Name)		
7245 SW 104 Street Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Miami FL 33156 City/State/Zip		
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all s relating to the proper and complete performance of my duties, and I am familiar with and accept service of process for the above stated agent as provided for in Chapter 608, Florida Status	t as regi statutes ccept th	istered
<u>Ilfanganta Saim</u> (Signature)	<u> </u>	☆
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	RETARY OF STATE	FILED AND 21 M 7: 47

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ISAMAR INVESTMENTS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 16, 2013, and is in good standing in this state.

A EVANA

Electronic Certificate
Certificate Number: C20130804-0026
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 4, 2013.

ROSS MILLER Secretary of State