L07000/20506

(Requestor's Name)	
(Address)	
(Address)	
(1881.555)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	1AIL
•	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
W07000057526	
WU 104-3- 1,111 W	

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SECRETARY OF STATE
AHASSEF, FLORIDA

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12-04

COVER LETTER

TO:

TO:	Registration Section Division of Corporations		
SUBJI	ECT. ALL STAR REALTY EXECUTIVES LLC.	•	
3010	(Name of Limited Liability Company)		
The en	nclosed Articles of Organization and fee(s) are submitted for filing.		
Please	e return all correspondence concerning this matter to the following:		
	MARK HARRINGTON		
	(Name of Person)		-
	(Firm/Company)		-
	1177 HWY 17 SOUTH	s o	_
	(Address)	ECKE	, er
	SATSUMA, FL. 32189	C -L	
	(City/State and Zip Code)		
For fu	orther information concerning this matter, please call:	STATE	י נ
MAI	RK HARRINGTON at (386) 649-1111	> -	•
	(Name of Person) (Area Code & Daytime Telephone Number)	•	
Enclo	osed is a check for the following amount:		
]\$125	5.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Status & y	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	•	



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 26, 2007

MARK HARRINGTON 1177 HWY 17 SOUTH SATSUMA, FL 32189

SUBJECT: ALL STAR REALTY LLC

Ref. Number: W07000057526

We have received your document for ALL STAR REALTY LLC and your chest(s) totaling \$160.00. 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. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

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. Adding of Florida or Florida to the end of the name is not acceptable. 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 end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 007A00067107

Division of Cornerations - P.O. BOX 6327 -Tallahassee Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	s:
ALL STAR REALTY EXECUTIVE (Must end with the words "Limited Lia	
(must the wife are words) Shifted Shift	, sometimes of the second seco
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1177 HWY 17 SOUTH	1177 HWY 17 SOUTH
SATSUMA, FL. 32189	SATSUMA, FL. 32189
	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of the	e registered agent are: CON CON CON CON CON CON CON CO
MARK HARRINGT	ON SSS
Nar	
541 1ST AVE.	
Florida street	address (P.O. Box NOT acceptable)
WELAKA FL. 3219	3 _{FL}
City, Stat	e, and Zip
Having been named as registered agent and t	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 608, F.S.

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:			
"MGR" = Man "MGRM" = M	ager anaging Member			·	
MGRM		MARK HARRINGTON			
		541 1ST AVE.		•	
		WELAKA FL. 32193		-	
MGRM		DALE DEVRIES			
		132 ARDEN AVE.			
		INTERLACHEN FL. 32148		•	
				-	
				-	
				_	
•					
				-	
(Use attachmer	• •	ate of filing:	(OPTIC	NAL.	1
	listed, the date must be	specific and cannot be more than five b			
REQUIRED S	SIGNATURE:		SECH	070	
	The of		HAG	- 03	g 8
	Signature of a member	or an authorized representative of a member.	LLI	÷	
	(In accordance with secti of this document constitu that the facts stated her	on 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury rein are true.)	OF STA	PH 5	
	MARK HARRII	NGTON	£3	30	- ACTUALITY
	Туре	ed 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)