

L/4 000036174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

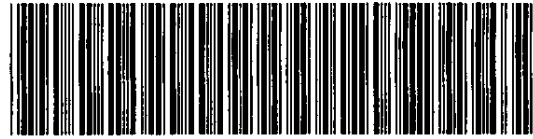
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2014 MAR -3 AM 11:06

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FOUR STAR SISTERS 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:

DAMARIS APONTE  
Name of Person

FOUR STAR SISTERS LLC  
Firm/Company

6412 MERRIEWOOD DRIVE  
Address

ORLANDO FLORIDA 32818  
City/State and Zip Code

fourstarsisters@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAMARIS APONTE at ( 407 ) 283-5373  
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**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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 TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FOUR STAR SISTERS LLC

(Must end with 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:

Mailing Address:

6412 MERRIEWOOD DRIVE  
ORLANDO FLORIDA 32818

PO BOX 255  
GOLDENROD FLORIDA 32733

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.)

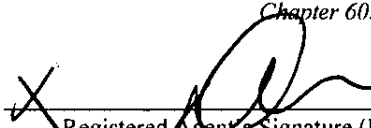
The name and the Florida street address of the registered agent are:

DAMARIS APONTE  
Name

6412 MERRIEWOOD DRIVE  
Florida street address (P.O. Box **NOT** acceptable)

ORLANDO City FL 32818 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)

SECRETARY OF STATE  
STATE OF FLORIDA  
2014 MAR -3 AM 11:06  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager  
MGR

**Name and Address:**  
DAMARIS APONTE  
6412 MERRIWOOD DRIVE  
ORLANDO FLORIDA 32818

AMBR

REBECCA DAVILA  
98 DECATUR ST #814  
CHARLESTOWN MASS 02129

AMBR

SARAI APONTE  
5108 EISENHOWER BLVD #106  
TAMPA FLORIDA 33634

AMBR

PRISCILLA APONTE  
98 DECATUR ST #814  
CHARLESTOWN MASS 02129

(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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, 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.817.155, F.S.)

DAMARIS APONTE  
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)

SECRETARY OF STATE  
2014 MAR -3 AM 11:06