

L17000180 680

(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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08/24/17--01001--006 **160.00

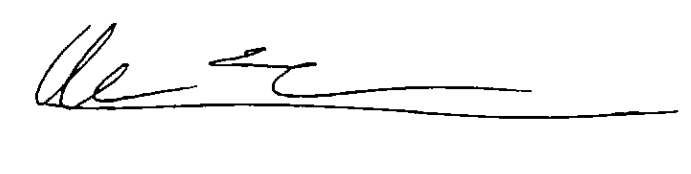
FILED
2017 AUG 23 PM 4:09
CLERK OF SUPERIOR COURT

FILED
2017 AUG 23 PM 3:54
TAL
CLERK OF SUPERIOR COURT

8/23/17

To Whom it may concern
I Alexander Freeman will not
be useing 5 star window Tint LLC's
Original Docket # L15000117903.
Please proceed with the current
filing.

FILED
2017 AUG 23 09:40:09
CLERK OF COURT
JANUARY 17 1977

~~X~~ 

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 5 Star Window Tint 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:

Alexander Freeman
Name of Person

Firm/Company

1985 Darryl Dr. Apt. B
Address

Tallahassee FL 32301
City/State and Zip Code

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

For further information concerning this matter, please call:

Alexander Freeman (850) 322-0838
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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SSTAA Window Tint LLC
(Must contain 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:
1985 Darryl Dr.
Tallahassee FL 32301

Mailing Address:
1985 Darryl Dr.
Tallahassee FL 32301

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:

Alexander Freeman
Name
1985 Darryl Dr.
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City State Zip

FILED
2017 AUG 23 11:40:09
TALLAHASSEE, FL

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Seonatae Madison
1985 Darryl Dr. Apt. B
Tallahassee FL 32301

C.E.O

Alexander Freeman
1985 Darryl Dr. Apt. B
Tallahassee FL 32301

C.E.O

Erno Sincere
2711 Allen Rd. Apt 63
Tallahassee FL 32312

(Use attachment if necessary)

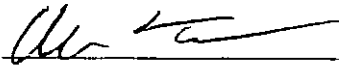
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

Alexander Freeman

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)