

L00000011409

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850)222-1092

City State Zip Phone

CORPORATION(S) NAME

200003399492-0
-09/20/00-01033-004
****155.00 ****155.00

STTAR Holdings, LLC

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Limited Partnership
- Reinstatement
- Limited Liability Partnership
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Amendment
- Annual Report
- Reservation
- Photo Copies
- Call if Problem
- Will Wait
- Merger
- Dissolution/Withdrawal
- Other
- Change of R.A.
- Fictitious Name
- CUS
- After 4:30
- Pick Up

SECRETARY OF STATE
TALLAHASSEE, FL 32304

00 SEP 20 PM 2:21

APPROVED
AND
FILED

00 SEP 20 PM 1:33
RECEIVED

9/20

PLEASE RETURN EXTRA COPY (6)
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THANKS.

LAURA EARNEST

9-20-00

Name
Avallability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is STTAR Holdings, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

STTAR Holdings, LLC
c/o American Twisters Gymnastic Center
2100 N.W. 33rd Street
Pompano Beach, FL 333069

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

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

CT Corporation System
Name

c/o CT Corporation System, 1200 South Pine Island Road
Florida street address (P.O. Box **NOT** acceptable)

Plantation, FL 33324
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, F.S.

CT Corporation System

Connie Bryan
Registered Agent's Signature *Connie Bryan*
Spec. Asst. Secy.

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

~~Signature of a member or an authorized representative of a member.~~

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

George A. Pincus, Authorized Representative

Typed or printed name of signee

FILING FEES:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

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AND
FILED

00 SEP 20 PM 2: 21

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TALLAHASSEE, FLORIDA