103000025069

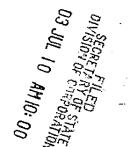
(Address) (Address)	(Requestor's Name)
(Address) Tallahassee, \$1,32301, 445-5584 (City/State/Zip/Phone #) PICK-UP WAIT MAIL EBBOR Exchic Allshars LLC (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)
(Address) Tallahassee, \$1,32301, 445-5584 (City/State/Zip/Phone #) PICK-UP WAIT MAIL EBBOR Exchic Allshars LLC (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	1515 Paul hussell AD 4,52
Tallahasee Status Status Special Instructions to Filing Officer:	(Address)
Tallahasee Status Status Special Instructions to Filing Officer:	
PICK-UP WAIT MAIL Each Explicit All stars Luc (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)
PICK-UP WAIT MAIL Each Explicit All stars Luc (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	19/19/19/55/19/55/19/55/19/55/19/55/19/55/19/55/19/55/19/55/19/55/19/55/19/55/19/55/19/55/19/55/19/55/19/55/5
(Business Entity Name) (Document Number) Certified Copies Special Instructions to Filing Officer:	(City/State/Zip/Phone #)
(Business Entity Name) (Document Number) Certified Copies Special Instructions to Filing Officer:	☐ PICK-UP ☐ WAIT ☐ MAIL
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	Food Tylin Miller 110
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Business Entity Name)
Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Document Number)
Special Instructions to Filing Officer:	
	Certified Copies Certificates of Status
Office Use Only	Special Instructions to Filing Officer:
Office Use Only	
	Office Use Only



900021267219

07/10/03--01015--001 **125.00





TOWN THE TOWNS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICIANO ONGALIZATION FOR FLORIDA INVITED INABILITY COMPA
ARTICLE I - Name: Explic All Stars LLC The name of the Limited Liability Company is:
ARTICLE II - Address: 1515 Par Russel Rd # 52 Tollohasset, The mailing address and street address of the principal office of the Limited Liability Company is:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are: Name Standard Standard
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.) 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)

· Natasha. Mordon -> Manager 15 15 Paul hossel Rd. # 52 Tollahassee 12 32301

DIVISION OF COMPORATIONS