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2003 OCT 14 AM 9:51  
TALLAHASSEE, FLORIDA

J. BRYAN OCT 23 2003

**ANTHONY J. RICHIEZ**  
**11110 SOUTH LAKE VIEW DRIVE**  
**PEMBROKE PINES, FL 33026**

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October 10, 2003

Florida Division of Corporations  
Registration Section  
409 E. Gaines Street  
Tallahassee, FL 32399

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2003 OCT 14 AM 9:51  
FLORIDA DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern:

Please accept my attached Articles of Organization for the registration of:

**Anstarr Group, LLC.**

Attached you will also find my check (# 261) for:

Filing fee	\$100.00
Designated agent	\$25.00
Certified copy	\$30.00
Certificate of status	\$05.00

<b>Total</b>	<b>\$160.00</b>
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If you should any questions, please contact me at (954) 435-1775 or at the above address.

Thank you for your consideration.

Sincerely yours,

  
Anthony J. Richiez

Encl> Check #261

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANSTARR GROUP, 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:

Anthony J. Richie  
(Name of Person)

Anstarr Group, LLC  
(Firm/Company)

11110 South Lakeview Drive  
(Address)

Pembroke Pines, FL 33026  
(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony J. Richie at ( 954 ) 435-1775  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Anstarr Group, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

11110 South Lakeview Drive  
Pembroke Pines, FL  
33026

**Mailing Address:**

11110 South Lakeview Drive  
Pembroke Pines, FL  
33026

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

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

Anthony J. Richie  
Name  
11110 South Lakeview Drive  
Florida street address (P.O. Box **NOT** acceptable)  
Pembroke Pines FL 33026  
City, State, and Zip

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*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.*

Anthony J. Richie  
Registered Agent's Signature

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

Manager

Anthony J. Richie  
1110 South Lakeview Drive  
Pembroke Pines, FL 33026

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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
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.)

Anthony J. Richie  
Typed or printed name of signer

**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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