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To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**LIMITED LIABILITY COMPANY**

**NOVA STAR, LLC**

Certificate of Status	0
Certified Copy	1
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 24, 2004

FAS-T CORP AGENTS, INC.

SUBJECT: NOVA STAR, LLC  
REF: WD4000024346

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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Jason Merrick  
Document Specialist

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Nova Star, LLC**ARTICLE II – Address:**

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

Principal Office Address:4005 NW 114 Ave. St. #13  
Doral, Florida 33178Mailing Address:4005 NW 114 Ave. St#13  
Doral Florida 33178**ARTICLE III - Registered Agent, Registered, Office, & Registered Agent's Signature:**

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

Hugo Marcelo Morales  
Name4005 NW 114 Ave, Suite 13  
Florida street address (P.O. Box NOT acceptable)Doral, FLORIDA 33178  
City, State, and 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 608, Florida Statutes.*

  
Registered Agent's Signature

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(CONTINUED)

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

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

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**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:**

MGR

Terbol Inc.  
11447 NW 34 Street  
Miami, FL 33178

MGRM

Terbol Inc.  
11447 NW 34 Street  
Miami, FL 33178

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**ARTICLE V- EFFECTIVE DATE**

The effective date for these articles of organization for this Florida Limited Liability Company is the 24<sup>th</sup> of June of 2004.

**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.)

Hugo Marcelo Morales  
 \_\_\_\_\_  
 Typed or printed name of signer

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