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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

	Registration Se Division of Co					
SUBJECT	r: Star Herr	era, LLC (Name of Limite	d Liability Con	npany)		
The enclos	sed Articles of	f Organization and fee(s) are s	submitted for fil	ing.		
Please retu	um all corresp	ondence concerning this matte	er to the follow	ing:		
	Estrellita					
		(Name of Person)			
		(Firm/Company)			
	1715 17th L	ane				
			(Address)			
	Palm	Beach Gardens, FL				
		(City)	State and Zip Co	de)		
For further	information of	concerning this matter, please	call:			
Estrellita			at (561	301-5575		
	(Name	of Person)	(Area C	ode & Daytime Te	elephone Number)	
Enclosed	is a check fo	r the following amount:				4 m 1
\$125.00	Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Certified Co	Filing Fee &	S160.00 Filling Fee, Certificate of Status &	
125	.00		(additional cor	y is enclosed)	Certified Copy (additional copy is enclosed)	
	Regist Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399	×	MAILING Al Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection prporations	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:				
Star Herrera, LLC					
ARTICLE II - Address:					
	the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
1715 17th Lane	1715 17th Lane				
Palm Beach Gardens, FL 33418	Palm Beach Gardens, FL 33418				
ARTICLE III - Registered Agent, Regis The name and the Florida street address of	stered Office, & Registered Agent's Signature:				
	the registered agent are.				
Estrellita Herrera	Name				
1715 17th lane Florida stre	eet address (P.O. Box NOT acceptable)				
Palm Beach Gardens, FL					
	State, and Zip				
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple accept the obligations of my position as	and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as spacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 608, F.S				

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing M	ember
Mgrm	Maria Koenig
_ 	1715 17th Lane
	Palm Beach Gardens, FL 33418
MGR	Estrellita Herrera
<u>'-</u>	1715 17th Lane
	Palm Beach Gardens, FL 33418
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(Use attachment if necess	ary)
NOTE: An additional a	rticle must be added if an effective date is requested.
REQUIRED SIGNATU	or.
REQUIRED SIGNATO	AE.
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Signatur	e of a member or an authorized representative of a member.
of this do	dance with section 608.408(3), Florida Statutes, the execution ocument constitutes an affirmation under the penalties of perjury e facts stated herein are true.)
	من المراجعة
	Typed or printed name of signee
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Filing Fees:	21 · · ·
\$125.00 Filing Fee for Ar	ticles of Organization and Designation
of Registered Ag	
\$ 30.00 Certified Copy (C	