

L05000036537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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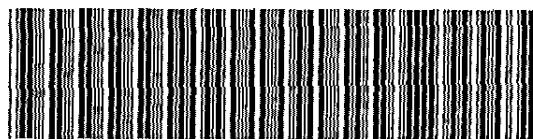
(Business Entity Name)

(Document Number)

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2005 APR 12 PM 1:16  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

J. BRYAN APR 14 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STAR Properties L.L.C.  
(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:

Colette Lau  
(Name of Person)

ST Properties, L.L.C.  
(Firm/Company)

427 33 Street  
(Address)

W.P.B. Florida 33407  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Colette Lau at ( 954 ) 234-7779  
(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

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

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JUDICIAL CORP. REGISTRATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Star Properties L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

427 33 Street  
W.P. Beach. Florida  
33407

**Mailing Address:**

427 33 Street  
WPB. Florida  
33407

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

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

Colette Lau  
Name

427 33 Street  
Florida street address (P.O. Box **NOT** acceptable)

W.P. Beach FLORIDA 33407  
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..*

Colette Lau  
Registered Agent's Signature

**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.

Colette Lau  
927 33 Street  
WPC Beach, fl 33407

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

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

**REQUIRED SIGNATURE:**

Colette Lau  
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.)

Colette Lau  
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)