

LO6000094680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

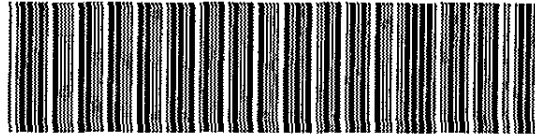
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

AL

Office Use Only



500079964295

09/26/06--01036--023 \*\*125.00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2006 SEP 26 PM 1:36

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STAR FINANCIAL, 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:

LAWRENCE SALVO

(Name of Person)

STAR FINANCIAL, LLC

(Firm/Company)

300 SOUTH POINT DR, SUITE 1101

(Address)

MIAMI BEACH, FLORIDA 33139

(City/State and Zip Code)

FILED  
2004 SEP 26 P 1:36  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

For further information concerning this matter, please call:

LAWRENCE SALVO at ( 305 ) 978-4590  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

STAR FINANCIAL, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

300 SOUTH POINT DR, SUITE 1101  
MIAMI BEACH, FLORIDA 33139

#### Mailing Address:

300 SOUTH POINT DR, SUITE 1101  
MIAMI BEACH, FLORIDA 33139

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

LAWRENCE SALVO

Name

300 SOUTH POINT DR, SUITE 1101

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

MIAMI BEACH

FL 33130

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, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
SEP 26 P 1:36  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

