

L07000018653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

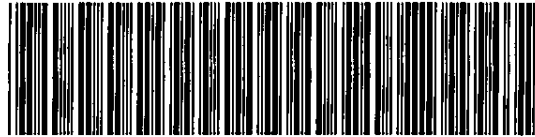
(Document Number)

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

Special Instructions to Filing Officer:

*[Handwritten signature]*

Office Use Only



600088421676

02/16/07--01016--010 \*\*125.00

FILED  
07 FEB 16 AM 12:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**OMEGA STARR INVESTMENT PROPERTIES, LLC**

**ARTICLE II – Address:**

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

**Principal Office Address**

6409 Abbeydale Court  
Orlando, Florida 32818

**Mailing Address**

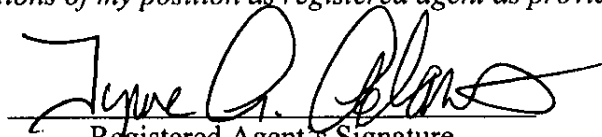
6409 Abbeydale Court  
Orlando, Florida 32818

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature**

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

Tyrone A. Adams  
6409 Abbeydale Court  
Orlando, Florida 32818

*Having been named as registered agent and to accept service of process for 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

**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

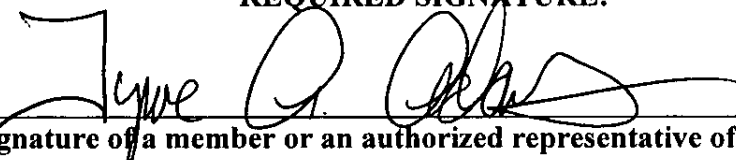
**Name and Address:**

**FILED**  
07 FEB 10 AM 12:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MGRM

Tyrone A. Adams  
6409 Abbeydale Court  
Orlando, Florida 32818

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member

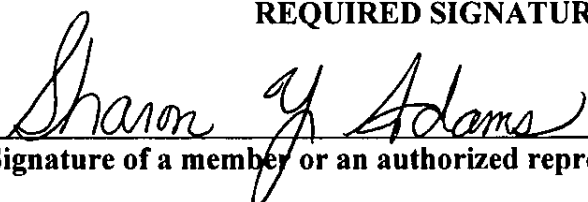
(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Tyrone A. Adams  
Typed or printed name of signee

MGRM

Sharon Y. Adams  
6409 Abbeydale Court  
Orlando, Florida 32818

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Sharon Y Adams  
Typed or printed name of signee

FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

07 FEB 14 AM 12:36

**Filing fees enclosed**

**\$100.00 Filing Fee for Articles of Organization**

**\$25.00 Designation of Registered Agent**

**\$30.00 Certified Copy**

**\$ 5.00 Certificate of Status**