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COVER LETTER

TO: Registration Se Division of Cor			•		
SUBJECT: STARZ	Z ENTERPRISES,	LLC			
	(Name of Limited	d Liability Company)			
	f Organization and fee(s) are so	•	•		
Please return all corresp	ondence concerning this matte	er to the following:			
BARBARA	A LONG				
****		Name of Person)			
•	(Firm/Company)			
1411 Fair	rland Avenue				
		(Address)			ΝC
Panama	City, FL 32401			07 FEB	SECTION OF THE SECTIO
	(City	/State and Zip Code)	-	8	다. 다.
				26	C
For further information	concerning this matter, please	call:		PH	- RPO
BARBARA LON	NG	at (850) 625-48	78	1:20	JON OF CORPORATIONS
(Name	of Person)	(Area Code & Daytime T	elephone Number)	0	0
Enclosed is a check for	or 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 F Certificate of Status Certified Copy (additional copy is enclo	&	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
STARZ ENTERPRISES, 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 print	ncipal office of the Limited Liability Com	pany	is:
Principal Office Address:	Mailing Address:		
1411 Fairland Avenue			
Panama City, FL 32401			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another	:	jeniš,
The name and the Florida street address of the re	gistered agent are:	07 FEB	SECR
BARBARA LONG			4 C Z Z
Name		26	CAN C
1411 Fairland Avenue		P	RY OF STAI CORPORAT
	ress (P.O. Box NOT acceptable)		유 <u>도</u>
	, , ,	1:20	AIÉ AIÉ
Panama City, FL City, State, and Zi	32401	_	14. 17.

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 Agept's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

"MCD" - Managen	Name and Address:	
"MGR" = Manager "MGRM" = Managing Membe	e r	
MGRM	SARABIA TILLER	
	305 Avenue B	
	Port Saint Joe, FL 32456	_ _
MGRM	BARBARA LONG	
	1411 Fairland Avenue	
	Panama City, FL 32401	_
MGRM	COR <u>I S</u> TALLWORTH	
	6409 Lake Joanna Circle	
	Panama City, FL 32404	<u> </u>
	·	<u>. </u>
(Use attachment if necessary)		
(Use attachment if necessary)	l l ogy	
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CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this document)	nust be specific and cannot be more than five busines	ss days 07 FEB 26
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this document)	member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution not constitutes an affirmation under the penalties of perjury stated herein are true.)	ss days 07 FEB 26 PM

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)