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SECRETARY OF STATE
ANALYSEF, FLORID

D. BRUCE

APR 09 2008

EXAMINER

COVER LETTER

Division of Corpor			
SUBJECT: SOM	Name of Limited I	boutStation Liability Company)	nery.comLC
The enclosed Articles of Org	ganization and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
Nic	Chol Fras	me of Person)	
Some	thing Abo	utstation	enf.comLLC
1706	Atlantic	St. #3E (Address)	
_mell	ourne B	ah. Fl. 32	951 ASS 88 7
For further information conc	erning this matter, please cal	! :	ASSEY
Nichol France of Pa	at (asson)	(321) 409- (Area Code & Daytime Tele	9033 FLOR STATE ST
Enclosed is a check for the			
\$125.00 Filing Fee	2130.00 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)
Re	ailing Address egistration Section evision of Corporations	Street/Courier Address Registration Section Division of Corporations	

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Something About Star (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1706 Atlantic St. #3E Melb. Bch., Fl 32951 ARTICLE III - Registered Agent, Registered Company cannot serve as its own Registered business entity with an active Florida registration.)	
	istered agent are: SCY SFL #3E SS (P.O. Box NOT acceptable) FL 3295

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 (REOUIRED)

City, State, and Zip

EFFECTIVE DATE 4-8-08

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member

ARTICLE V: Effective date, if other than the date of filing: Hori (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

(Use attachment if necessary)

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.)

-rasev

Typed or printed name of signee

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)