08000093868

(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:				

Office Use Only



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10/02/08--01018--023 **160.00

SAVISION OF CORPORATIONS

J. BRYAN

OCT - 3 2008

EXAMINER

COVER LETTER

TO: Registration Division of C				
SUBJECT: Fire S	Star Entertainment	LLC		
	(Name of Limit	ted Liability Compa	ny)	
The enclosed Articles	of Organization and fee(s) are	submitted for filing	·•	
Please return all corres	pondence concerning this mat	ter to the following:	1	
Michael S	Santiago			
		(Name of Person)		
				OBOCT -2 AHII: 54
		(Firm/Company)		9 OC
3691 NW	91st Lane			7 - 2 CA
		(Address)		RPO
Sunrise F	FL, 33351			
	(Cit	ty/State and Zip Code)	54
For further information	n concerning this matter, please	e call:		
Michael Santia	ago	at (772	713-557	9
(Nam	e of Person)	(Area Code	& Daytime Tel	ephone Number)
Enclosed is a check if	for the following amount:			
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Cop (additional copy	by	\$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	Registration Division of Clifton Bu 2661 Exec	of Corporations	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:	8 150 150 150		
	0C 10E		
Fire Star Entertainment LLC			
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pri	ty Company, "L.L.C.," or "LLC.") incipal office of the Limited Liability Company		
Principal Office Address:	Mailing Address:		
3691 NW 91st Lane	3691 NW 91st Lane		
Sunrise FL, 33351	Sunrise FL, 33351		
business entity with an active Florida registration.) The name and the Florida street address of the re	egistered agent are:		
Michael Santiago			
Name			
3691 NW 91st Lane			
	ress (P.O. Box <u>NOT</u> acceptable)		
Sunrise FL, 33351	FL		
City, State, ar	•		
liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S		

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Mo	ember
C.E.O	Michael Santiago
	3691 NW 91st Lane
	Sunrise FL, 33351
	2
	OB OCT -2 AMII: 54
	0CT - 2 AN 1
	宝 ?
(Use attachment if necessa	ary)
	her than the date of filing: (OPTIONAL) late must be specific and cannot be more than five business days prior ng.)
REQUIRED SIGNATUR	RE: e of a member or an authorized representative of a member.
of this do	dance with section 608.408(3), Florida Statutes, the execution cument constitutes an affirmation under the penalties of perjury afacts stated herein are true.)

Filing Fees:

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

Michael Santiago

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

Typed or printed name of signee