## L08000107507

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

Division of Corpo			·
SUBJECT:	(7) Seven (Name of Limited	Hac Eviterto Liability Company)	inment.
The enclosed Articles of Or	ganization and fee(s) are sui	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
<del> </del>	Jerry Pierr	elus ame of Person)	
		tar Entertainim/Company)	nment
13.	11 N.W. 116	S-t. (Address)	
Mia	imi, F2, 33, (City/s	tate and Zip Code)	
For further information conc	erning this matter, please ca	all:	
Jerry Pier (Name of Po	relus a	t ( <u>305</u> ) <u>873 – (</u> (Area Code & Daytime Tele	4647 phone Number)
Enclosed is a check for the	e 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)
Re Di P.	lailing Address egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci	rcle

Tallahassee, FL 32301

## ARTICLE I - Name: The name of the Limited Liability Company is: (1) Seven Star Entertainment 22C (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: | Mailing Address: | Mailing Address: | | Mailing Address: | P.O. Box 18084| | | Mailing Address: | Mailing Address: | | Mailing Address: | P.O. Box 18084| | | Mai

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)

		Name and Address:	·
"MGR" = Ma			
"MGRM" = 1	Managing Member		
MGRN	1	Torry Piacrelus	
TIOKT	1	P.O. Box 180841	
		Tallahassee, FL. 3231	\$
*4 C O N	1		
MGRN	<u> </u>	Jennifer Nichole	Lopez
		8665 Alexandrite c-	<del>t.</del>
•		Tallahassce, FZ. 3230	<u> </u>
		·	
	<del></del>		
<del></del>	<del></del>		<del></del>
(Use attachme	ent if necessary)		
			/a
		date of filing: (	
ffective date is	•	specific and cannot be more than five bu	isiness days
	e date of fining.)		
days after the			•
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) days after the	Signature of a member	or an authorized representative of a member.	19 P ASSEI
) days after the	Signature of a member	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution	19 P ASSEI
) days after the	Signature of a member	or an althorized representative of a member. ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury	8E 10

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

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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