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O9 MAY -1 AM 8: 58 SECRETAIN' OF STATE TALLAHASSEE FLORID

## **COVER LETTER**

TO: Registration S  Division of Co			
<sub>SUBJECT:</sub> Militar	yStars LLC		
sobsect.	· · · · · · · · · · · · · · · · · · ·	ted Liability Compa	any)
The enclosed Articles o	of Organization and fee(s) are	submitted for filing	3.
Please return all corresp	oondence concerning this mat	tter to the following	;
Curtis Hag	gens		
		(Name of Person)	
MilitarySta	ars		
<del></del>		(Firm/Company)	
8453 Gard	dens Circle #13		
		(Address)	
Sarasota,	Florida 34243		
	(Ci	ty/State and Zip Code	)
For further information	concerning this matter, pleas	e call:	
Curtis Hagens		_at (_941)	448-6762
(Name	of Person)		e & Daytime Telephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	oy Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bo 2661 Execution	ourier Address on Section of Corporations uilding cutive Center Circle

ARTICLES OF ORGANIZATION FOR FL ARTICLE I - Name:	ORIDA LIMITED LIABILITY COMPANY			
The name of the Limited Liability Company is:				
MilitaryStars LLC				
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
2108 123rd Terrace East	2108 123rd Terrace East			
Parrish, Florida 34219	Parrish, Florida 34219			
The name and the Florida street address of the r  Curtis Hagens  Name  8453 Gardens Circle				
_	dress (P.O. Box NOT acceptable)			
Sarasota	FL 34243			
City, State, a	and Zip			
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered Agent's Signat	AN 8: 50 SEE FLORII			
(CONTIN	UED)			

(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:

IGRM	Curtis M. Hagens
	8453 Gardens Circle # 13
	Sarasota, Florida 34243
GRM	Todd Hecht
	2108 123rd Terrace East
	Sarasota, Florida 34219
Use attachment if necessary)	

**ARTIC** (If an e to or 90 days after the date of filing.)

### **REQUIRED SIGNATURE:**

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.)

Curtis Hagens

Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)

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