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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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2009 AUG 12 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

five star credit repair, llc

Certificate of Status	0
Certified Copy	1
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C. LEWIS
AUG 13 2009
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5 Star Credit Repair, 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 principal office of the Limited Liability Company is:

Principal Office Address:

10220 SW 105 Street
Miami, Florida 33176-3525

Mailing Address:

10220 SW 105 Street
Miami, Florida 33176-3525

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:


Barbara Morales

10220 SW 105 ^{Name} Street

Miami Florida street address (P.O. Box NOT acceptable) 33176-3525

FL
City, State, and Zip

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)

(CONTINUED)

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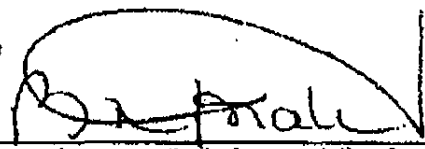
ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR* = Manager	
MGRM* = Managing Member	
<u>MGR</u>	<u>Barbara Morales</u> <u>10220 SW 105 Street</u> <u>Miami, Florida 33176-3525</u>
<u>MGRM</u>	<u>Robert Morales</u> <u>10220 SW 105 Street</u> <u>Miami, Florida 33176-3525</u>

(See attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/12/2009 (OPTIONAL)
(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:



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.)

Barbara Morales

Typed or printed name of signee

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