L10000075578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 19 2010

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ALL STAR INTERNET SERVICE, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS BARREIRO
Name of Person

ALL STAR INTERNET SERVICE
Firm/Company

2511 SW 69TH AVENUE
Address

MIAMI, FL, 33155
City/State and Zip Code

LGCLEAR@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS BARREIRO at (786) 299-4879
Name of Person — Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

ALL STAR INTERNET SERVICE, LLC

(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:**
2511 SW 69TH AVENUE	
MIAMI, FL, 33155	

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:

LUIS BARREIRO
Name

2511 SW 69TH AVENUE
Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FL, FL 33155
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: 2010 JUL 16 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGR	LUIS BARREIRO 2511 SW 69TH AVENUE MIAMI, FL, 33155
MGRM	GUILLERMO LORENZO 9509 W NORFOLK ST TAMPA, FL 33615

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

GUILLERMO LORENZO
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)

FLORIDA DEPARTMENT OF STATE
REGISTRACTION SECTION
DIVISION OF CORPORATIONS

JULY 15 2010

DEAR SR: WE THE APPLICANTS LUIS BARREIRO AND GUILLERMO LORENZO WILL APPRECIATE THAT ANY DOCUMENTS OR ANY COMUNICATION THAT YOU NEED TO SEND OR REQUIERE FROM US, BE SEND TO THE FOLLOWING ADDRESS:

2197 S UECKER LANE APT # 1514
LEWISVILLE,TX 75067

THE CONTACT PHONE
813-843-3757

WITHOUT ANY OTHER MATTER TO REFFER AT THIS TIME. I JUST WANT TO SAY THANK YOU VERY MUCH FOR YOUR HELP.

GUILLERMO LORENZO