~L10000 111463

(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



200186206722

10/25/10--01050--013 **125.00

SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

OCT 2 6 2010

EXAMINER

COVER LETTER

TO: • Registra Division	ation Section of Corporations				,
SUBJECT:	Campuzano Name of L	Five	star.	LLC	
	Name of L	Limited Liabi	lity Company		
The enclosed Art	icles of Organization and fee(s)	are submitte	ed for filing.		
Please return all o	correspondence concerning this	matter to the	e following:		
	Marcelino	Name o	upuzan f Person	م	
	Campuzano	Five Firm/C	Star	<u>, LLC</u>	
	6221 SW				_
		Add	lress		
	Pompano B	each	, FL	80088	
	1	City/State a	nd Zip Code		
	E-mail address: (to be u	used for future	annual report n	otification)	
For further inform	nation concerning this matter, p	lease call:			
Marcel	Name of Person	 at (754) Area Code & I	968 - 4 Daytime Tele	173 phone Number
Enclosed is a ch	neck for the following amoun	ıt:			
•	ee \$\sum_\$130.00 Filing Fee &\text{Certificate of Status}	& □\$15 s Ce	5.00 Filing F rtified Copy ditional copy is o	_	\$160.00 Filing Fed Certificate of Statu Certified Copy (additional copy is enc
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314		Street/Couri Registration S Division of C Clifton Build 2661 Executi	Section Corporations ling ive Center C	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Canadiana Five Star 110	
Campuzano Five Star L LC (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 Lia	bility Company is:
Principal Office Address: Mailing Address:	
Trincipal Office Address.	
6221 SW 16 Court 6221 SW 16	Court
Pompano Beach, FL Bompano Beach 33068 33068	_ جر
81055 81055	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's	
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individ business entity with an active Florida registration.)	ual of another
The name and the Florida street address of the registered agent are:	
Marcelino Campuzano	
Marcelino Campuzano Name	
Florida street address (P.O. Box NOT acceptable)	
Pompano Beach, FL 33068 City, State, and Zip	
City, State, and Zip	
Having been named as registered agent and to accept service of process for the a	bove stated limited
liability company at the place designated in this certificate, I hereby accept the	
registered agent and agree to act in this capacity. I further agree to comply with t	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 Ch	apter 608, F.S
	J DIV
Male Comment	
Registered Agent's Signature (REQUIRED)	OCT
rogistered rigent a digitation (resignation)	25
(CONTINUED)	
	STATE ORATIO ID: 53
Page 1 of 2	
	2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Marcelino Campuzano 6221 SW 16 Court Pompano Beach, FL 3306
effective date is listed, the date m	
CLE V: Effective date, if other that	an the date of filing: (OPTION
CLE V: Effective date, if other that effective date is listed, the date model of days after the date of filing.) REQUIRED SIGNATURE:	an the date of filing: (OPTION
CLE V: Effective date, if other that effective date is listed, the date median days after the date of filing.) REQUIRED SIGNATURE: Signature of a median days after days after the date of filing.)	an the date of filing: (OPTION tust be specific and cannot be more than five business definember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other that effective date is listed, the date median days after the date of filing.) REQUIRED SIGNATURE: Signature of a median days after days after the date of filing.)	an the date of filing: (OPTION tust be specific and cannot be more than five business defined and cannot