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DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

DEC 13 2010

EXAMINER

10 DEC 10 AM 10:25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

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DIVISION OF CORPORATIONS  
10 DEC 10 AM 10:25

**CONTACT:** Kim Weidenbach

**DATE:** 12/10/10

**REF. #:** 000169.138175

**CORP. NAME:** BONSTAR, L.L.C.

- |                                                      |                                                 |                                                       |
|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |                                                 |                                                       |
| <input type="checkbox"/> OTHER:                      |                                                 |                                                       |

**STATE FEES PREPAID WITH CHECK#** 537720 **FOR \$** 125.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |                                                |                                                       |                                                        |
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| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |                                                       |                                                        |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
BONSTAR, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 DEC 10 AM 10:28

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes for the purpose of forming a limited liability company, under the laws of the State of Florida, do hereby set forth the following:

**ARTICLE I  
NAME**

The name of the limited liability company is: **BONSTAR, LLC**

**ARTICLE II  
PERIOD OF DURATION**

The period of duration of the limited liability company shall be from the date of filing these Articles of Organization until the dissolution of the limited liability company pursuant to provisions of the Florida Limited Liability Company Act.

**ARTICLE III  
PURPOSE**

The purpose for which the limited liability company is organized is to engage in the purchase and sale of products and the purchase, sale and rental of real estate and all other business and activities permitted by the laws of the State of Florida. The limited liability company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

**ARTICLE IV**  
**ADDRESS OF PLACE OF BUSINESS**

The mailing address and place of business in Florida, is 1450 S.W. 69 Avenue,  
Plantation, FL 33317.

**ARTICLE V**  
**REGISTERED AGENT**

The name and address of the initial registered agent in Florida of the limited liability  
company is Bruce M. Gottlieb, Esq., 125 North 46th Avenue, Hollywood, FL 33021.

**ARTICLE VI**  
**ADDITIONAL CONTRIBUTIONS**

The total additional contributions, if any, agreed to be made by all members and  
the times at which, or the events happening of which, that shall be made are as follows: No  
total additional contributions have been agreed to at the date of filing these Articles of  
Organization. Additional contributions, if any, will be made upon unanimous agreement by all  
of the members of the limited liability company, and in accord with Chapter 608 Florida  
Statutes.

**ARTICLE VII**  
**MEMBERS**

The initial members of the Organization are:

SAM BONSETT

Members may admit additional members upon unanimous agreement of the then  
existing members.

**ARTICLE VIII**  
**CONTINUITY OF BUSINESS**

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, the business of the limited liability company shall not be continued and the limited liability company shall be dissolved unless there is obtained the consent of all the remaining members of the limited liability company.

**ARTICLE IX**  
**MANAGEMENT**

The limited liability company is to be managed by its managers. The name and address of the initial manager(s) of the limited liability company are as follows:

NAME:

ADDRESS:


Sam Bonsett

1450 S.W. 69 Avenue  
Plantation, FL 33317

The initial managers shall serve until their successor is elected and qualifies.

I AM HEREBY FAMILIAR WITH AND ACCEPT THE DUTIES  
AND RESPONSIBILITIES AS REGISTERED AGENT FOR SAID  
CORPORATION.

EXECUTED at Hollywood, Florida, on December 9th, 2010.

  
\_\_\_\_\_  
BRUCE M. GOTTLIEB  
Authorized Representative/  
Registered Agent

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing Articles of Organization were acknowledged before me on  
December 9<sup>th</sup>, 2010, by BRUCE M. GOTTLIEB, as Authorized Representative/Registered  
Agent of BONSTAR, L.L.C., a Limited Liability Company to be formed, who is personally  
known to me or who has produced his \_\_\_\_\_ as  
identification and who did take an oath.

NOTARY PUBLIC:

Sign: Carole Campisi

Print: Carole Campisi

My Commission Expires:

