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(Re	equestor's Name)				
(Address)					
(Ac	ldress)				
(Ci	ty/State/Zip/Phone	; #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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SUBJECT	_{r:} A	ngel	Star	Col	llection	, 21	LL Control
		1	Name of Limite	d Liability Comp	oany		
The enclos	sed Articles of	Organization	and fee(s) are s	ubmitted for filir	ıg.		83
Please retu	ırn all correspo	ndence conce	ming this matte	er to the followin	g:		
	Pebora	ah A	Inne	Franze	s.e.		
_	15000			Name of Person			<u> </u>
	Ar	19e1	Star	Colle	ections		LLC
	•			Firm/Company	11_11_7		
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	oorah A	_	s matter, please		5/6) le & Daytime Tele	- 860	-6798
	Name o			Area Cod	le & Daytime Tele	phone Numl	per
Enclosed	is a check for	the following	ng amount:				
\$125.00 Fi	ling Fee]\$130.00 Fil Certificate		\$155.00 Fili Certified Co (additional cop	_	Certifica Certified	Filing Fee, ate of Status & Group Group (1) Copy (1) Copy (2) (2) (3) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7
		Mailing Ad- Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Registra Divisior Clifton l 2661 Ex	Courier Address tion Section of Corporations Building tecutive Center Cosee, FL 32301		

ARTICLES OF OR	GANIZATION FO	R FLORIDA LIMITEI	DLIABILITY COMPANY				
ARTICLE I - Name The name of the Limi	: ited Liability Compan	py is:	THE TOP OF THE PARTY OF THE PAR				
Angel	Star	Collections Liability Company, "L.L.C" or	LLC ss.				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:							
Principal Office Add	dress:	Mailing Address	<u>.</u>				
2356 N	E 30th ct.		Same				
Lighthouse	E 30th Ct.						
Florida	33064						
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:							
_	_ Debo	orch A Franze	25-2				
	1	Name NE	- th al				
	235	4 NE	30				
Florida street address (P.O. Box NOT acceptable)							
Lighthouse Point FL 3306 4 City. State, and Zip							
City, State, and Zip							
liability company registered agent and statutes relating to	at the place designate agree to act in this can the proper and completions of my position as	ed in this certificate, I here pacity. I further agree to ete performance of my dui	cess for the above stated limited by accept the appointment as comply with the provisions of all ties, and I am familiar with and ided for in Chapter 608, F.S				

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member 2356 NE 30m Ct. -Isnthoue Pt, Florida 33064 Deborah A Franzese (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Deborah A Franzese 2/17/12

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)