L12000064910

| (Re | equestor's Name) | <u> </u> |
|---|--------------------|----------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cil | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Document Number) | | |
| Certified Copies | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only

EFFECTIVE DATE 10112



800234857198

05/11/12--01032--024 **125.00

FILED

12 MY II PH & FR

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAY 1 4 2012

EXAMINER

COVER LETTER

| • | TO: Registration Section: Division of Corporations | |
|---|--|---|
| | SUBJECT: ANT Star Productions, 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: | |
| | Akenaton R. Pierre Name of Person | |
| | ANT Star Productions, LLC. | |
| | P.O. Box 694543 | |
| | Miamifardens, Fl 33269 City/State and Zip Code City/State and Zip Code | |
| | E-mail address: (to be used for future annual report notification) | Ī |
| | For further information concerning this matter, please call: | |
| | Akenaton R. Pierre at 305, 542-963379 Area Code & Daytime Telephone Number 27 | |
| | Enclosed is a check for the following amount: | |
| Y | \$125.00 Filing Fee \$\ \tag{155.00 Filing Fee & \tag{160.00 Filing Fee,}}\$ Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | |

TIVE DATE_____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ANJ Star Produ (Must end with the words "Limited Liability | Ctions, LLC. Company, "L.L.C.," or "LLC.") | | | |
|--|---|--|--|--|
| ARTICLE II - Address: The mailing address and street address of the prin | cipal office of the Limited Liability Company is: | | | |
| Principal Office Address: | Mailing Address: | | | |
| 1171 N.E. 149th St. Miami, Fl 33161 | RO. Box 694543 Miami Gardens, Fl 33269 | | | |
| 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: Akendon R Perce Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Akendon R Perce Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Akendon R Perce Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Akendon R Perce Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Akendon R Perce Registered Agent. You must designate an individual or another business entity with an active Florida registration.) | | | | |
| liability company at the place designated in thi registered agent and agree to act in this capacity. statutes relating to the proper and complete perf | cept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S | | | |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

EFFECTIVE DATE 1/12

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | |
|--|--|--|
| MGR | Akenaton R. Pierre 120 N.W. 189th Terrace Miami, Fl. 33169 | |
| MGRM | Rubens Pierre 120 M.W. 189th Terrace Miami, Fl 33169 | |
| . _. | | |
| | | |
| (Use attachment if necessary) ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be to or 90 days after the date of filing.) | ate of filing: 6/1/12 (OPTIONAL) specific and cannot be more than five business days prior | |
| required signature: | 12 MAY 11 SECRETARY TALLAHASSI | |
| 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 the lam 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.) **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)