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| (Re                     | questor's Name)   |             |
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| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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DIVISION OF CORPORATION

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## **COVER LETTER**

TO:

Registration Section

| Division of Corporations   |
|--|
| SUBJECT: Green Star Biodiesel 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:  Felix Bendersky  Name of Person  Green Star Biodiesel LLC  Firm/Company   |
| Felix Bendersky  |
| Name of Person   |
| Green Star Biodiesel LLC   |
| Firm/Company 8   |
| 6423 collins ave suite 901   |
| Address  |
| Miami Beach Fl 33141   |
| City/State and Zip Code  |
| felixnod@gmail.com  E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Felix Benderskyat (617) 733-7271   |
| Name of Person Area Code & Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| \$125.00 Filing Fee \$\frac{1}{2}\$  |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Al | RT | ICI | $\mathbf{E}$ | I - ' | Nя | me: |
|----|----|-----|--------------|-------|----|-----|
|    |    |     |              |       |    |     |

The name of the Limited Liability Company is:

# Green Star Biodiesel 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: |  |  |
|----------------------------|------------------|--|--|
| 6423 collins ave suite 901 |                  |  |  |
| Miam: Grach 33141          |                  |  |  |

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:

Felix Bendersky
Name

6423 collins ave suite 901

Florida street address (P.O. Box NOT acceptable)

Miami Beach Fl 33141 FL

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)

Page 1 of 2

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address:  |
|---|--|
| Mgr   | Felix Bendersky  |
| <u> </u>  | 6423 collins ave suite 901                                 |
|   | Miami Beach Fl 33141                                       |
| Mgr   | Larry Sharon   |
|   | 2834 Ford St   |
|   | Brooklyn Ny 11235  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| (Use attachment if necessary)                   |  |
|   | han the date of filing: (OPTIONA                           |
| days after the date of filing.)                 | must be specific and cannot be more than five business day |
| REQUIRED SIGNATURE:                             |  |
| RECOIRED SIGNATURE.                             |  |
|   |  |
|   |  |
| Signature of a                                  | member or an authorized representative of a member.        |

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)