

L12000146186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

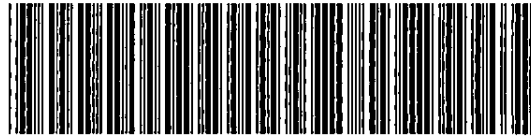
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/19/12--01009--006 **130.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA

N. Culligan NOV 20 2012

November 2, 2012

Five Star 1 Group Incorporated
3703-10 S. Lake Orlando Pkwy
Orlando, FL 32808

To Whom it May Concern:

Back on 4/30/12 we filed for a CONVERSION (5 Star Trucking LLC to Five Star 1 Group Incorporated).

5 Star Trucking LLC (Document # L11000042662) Inactive as of 4/20/12
Five Star 1 Group Incorporated (Document # P12000041904) active

We were informed that we needed to write a letter to include with our application for Articles of Organization notifying you that I, Vereen Williams was formerly Vereen Reynolds (OWNER / CEO) of Five Star 1 Group Incorporated -- OWNER RELEASES NAME OF LLC (5 Star Trucking LLC)so we can reestablish this business name. Our tax ID # for 5 Star Trucking LLC will remain the same 45-1583444.

If you have any questions or need any additional information please do not hesitate to call me at (407)222-3889.

Thank you,



Vereen Williams, CEO
Five Star 1 Group Incorporated

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 5 STAR TRUCKING 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:

VEREEN WILLIAMS

Name of Person

FIVE STAR 1 GROUP, INCORPORATED

Firm/Company

3703-10 S. Lake Orlando Pkwy

Address

Orlando, FL 32808

City/State and Zip Code

Fivestar1group@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VEREEN WILLIAMS

Name of Person

at (407) 222-3889

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5 STAR TRUCKING, 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:

3703-10 S. Lake Orlando Pkwy
Orlando, FL 32808

Mailing Address:

3703-10 S. Lake Orlando Pkwy
Orlando, FL 32808

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:

VERREN Williams

Name

3703-10 S. Lake Orlando Pkwy

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

Orlando, FL 32808

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Verren Williams

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGRM

VEREEN WILLIAMS

3703-10 S. Lake Orlando Pkwy
ORLANDO, FL 32808

MGR

GEORGE WILLIAMS

3703-10 S. Lake Orlando Pkwy
ORLANDO, FL 32808

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:

Verreen Williams

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.)

VEREEN WILLIAMS

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)

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TALLAHASSEE, FLORIDA