L13000029030

(Req	uestor's Name)	
(Add	ress)	
,	,	
(Add	ress)	
(City	/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
_		
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Cortificator	of Status
Certified Copies	Certificates	s or Status
Special Instructions to F	iling Officer:	
,	•	
		·
,		

Office Use Only



000244580510

02/21/13--01031--008 **160.00

Effective Date 2/22/13



13-10983

FEB 2 5 2013 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: STAR EV GOLF CARS, 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:
Ricky Stevenson Name of Person
Name of Person
TH 6/6 Bal Services, Inc. Firm/Company
378 Neely Ferry Rol Address
Simpsonville, SC 29686 City/State and Zip Code Fickystevenson & hg/oba/inc-Com E-mail address: (to be used for future annual report notification)
Cickystevenson 6) ibs/abb (inc. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (864) 553-7/4/ Area Code & Daytime Telephone Number
,
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee \$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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



February 22, 2013

RICKY STEVENSON 378 NEELY FERRY RD SIMPSONVILLE, SC 29680

SUBJECT: STAR EV GOLF CARS, LLC

Ref. Number: W13000010922

We have received your document for STAR EV GOLF CARS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 913A00004373

Effective Date 2/12/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
STAR EV GOLF CARS (Must end with the words "Limited Liability	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:
Star EV Golf (5, LLC 570 North Hay 441-27 Ludy Lake, FL 32159	Star EV Golf Cors, LLC 378 Neely Ferry Rd. Simpson ville, SC 29680
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ad Agent. You must designate an individual or another
The name and the Florida street address of the reg	
Robert A.	Schultz_
2517 Privad	λ
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
The Villages City, State	FL 32/62 , and Zip
liability company at the place designated in thi registered agent and agree to act in this capacity all statutes relating to the proper and complete	cept service of process for the above stated limited is certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of performance of my duties, and I am familiar with stered agent as provided for in Chapter 608, F.S.
Registered Agent's Signature	REQUIRED) 13 FEB 22 ED)
(CONTINU	ED) 22 C
Page 1 of 2	

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

TD1 (1	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Jane Zhang 101 Turner Forest Lane Simpsonville, SC 29681
MGZM	Jun Hu 101 Turner Forest Line Simpsonville, 50 29681
MbP	Robert A. Schultz 2517 Privada Drive The Villages, FL 32162
(Use attachment if necessary)	
an effective date is listed, the date or to or 90 days after the date of fili	an the date of filing: <u>02/22/20/3</u> . (OPTIONAL) must be specific and cannot be more than five business
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee
REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree section of the section o	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee
REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree Filing Fees:	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee