Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353

Phone

: (800)221~2972 : (888)692-9256

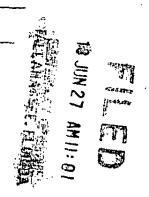
Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. 13 All-Stars LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00



Electronic Filing Menu Corporate Filing Menu

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JUN 28 2012

ARTICLES OF ORGANIZATION	FOR FLORIDA LIMITED LIABILI	TY COMPANY &
ARTICLE I - Name:		
The name of the Limited Liability Cor	npany is:	
13 All-Stars LLC		
(Must end with the words "L	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address	

777 GLADES ROAD, SUITE 100

BOCA RATON, FL 35434

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:

777 GLADES ROAD, BUITE 100

BOCA RATON, FL 33434

Indian Asset Management Services LLC

Name

777 GLADES ROAD, SUITE 100

Florids street address (P.O. Box NOT acceptable)
Bocs Raton, FL 33434

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:	Name and Address:
"MGR" = Manager	-
"MGRM" = Managing Member	
MGR	Mr. Harold Levy
	15 Chercoal Hill Rd.
	Westport, FL 06880
•	
MGR	Mr. Lance Kinsey
	676 Wellesley Ave.
•	Los Angeles, CA 90049
	the state of the s
m*	
(Use attachment if necessary)	•
A PROPERTY OF THE PROPERTY OF	A. L. Collins
ARTICLE V: Effective date, it other the	an the date of filing: (OPTIONAL)
	must be specific and cannot be more than five business days
prior to or 90 days after the date of fill	ng.)
DECITOES SICNATION.	
<u>REQUIRED</u> 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 penaltics 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.)

Michael I Banker

Typed or printed name of signee

Filing Pees:

\$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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