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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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AUG 2 6 2013 T. HAMPTON

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Ear	th Star Char	LLC Led Liability Company	,
	Name of Limit	ted Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
$ M_0$	xthew Dun	M.	
		Name of Person	
Ea	oth Star LL	<u></u>	
		Firm/Company	
18012	- Rayal Fores	t Dr.	
	_	Address	
Tamp	0a, FL 33	647	
Eart		ty/State and Zip Code Og Mail - Com for future annual report notification)	190-1-20-00-00-00-00-00-00-00-00-00-00-00-00-
For further information	concerning this matter, please	e call:	
Mother	DUNN of Person	at (813) 447 - Area Code & Daytime Telep	2125 Shone Number
Enclosed is a check for	or 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	Street/Courier Address Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:	
EarthStar LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18012 Royal Forest Dr. Tampa FL, 33647	Same as principal address
ARTICLE III - Registered Agent, Registered ((The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	gistered agent are:
Mathew Du	nn
Name	
18012 Royal Form	est Dr.
Florida street addre	ess (P.O. Box NOT acceptable)
lampa	FL 33647
City, State	e, and Zip
liability company at the place designated in th	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of
• • • •	performance of my duties, and I am familiar with
and accept the obligations of my position as reg	istered agent as provided for in Chapter 608, F.S
Mellest	
Registered Agent's Signatur	re (REQUIRED)
(CONTINU	SECRETARY SECRETARY IN SECRETAR
Page 1 of 2	ω_{co}
	AN CONTRACTOR

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR_	Mothew Dung 18012 Royal Forest Dr. Tampa, FL 33647	
		-
	· · · · · · · · · · · · · · · · · · ·	
•	an the date of filing (OPTI	 - ONAI
(Use attachment if necessary) LE V: Effective date, if other the effective date is listed, the date of file	nan the date of filing: (OPTI e must be specific and cannot be more than five buing.)	 ONAl
LE V: Effective date, if other the effective date is listed, the date or 90 days after the date of file REQUIRED SIGNATURE:	e must be specific and cannot be more than five bu	ONA
ELE V: Effective date, if other the effective date is listed, the date of or 90 days after the date of file REOUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmation I am aware that any false	e must be specific and cannot be more than five buing.)	sines

\$ 5.00 Certificate of Status (Optional)