# L140000 127 10

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(0	City/State/Zip/Phone	<del>#</del> )
PICK-UP	WAIT	MAIL
(E	Business Entity Name	e)
([	Occument Number)	
Certified Copies	Certificates o	of Status
Special Instructions t	o Filing Officer:	





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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
14. JAN 17 AH 7: 49

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### **COVER LETTER**

то:	Registration Section Division of Corporations
SUBJE	Terrastar Real Estate Services, LLC
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Ronald Wayne Rose
	Name of Person
	Terrastar Real Estate Services, LLC
	Firm/Company
	442 Avanti Way Blvd.
	Address
	North Fort Myers, FL 33917
	City/State and Zip Code
	ron.rose10@yahoo.com  E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	nald Wayne Rose at 954 815-6773
-	Name of Person Area Code Daytime Telephone Number
٦	ed is a check for the following amount:  10 Filing Fee \$\sum_{\text{Certificate of Status}}\$\$130.00 Filing Fee & Certificate Of Status & Certified Copy (additional copy is enclosed)}\$\$\$160.00 Filing Fee, Certified Copy (certified Copy)

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

(additional copy is enclosed)

## $\textbf{ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY}$

ARTICLE I - Name: The name of the Limited L	Liability Company is:	
Terrastar Real Estate Service		
(Mus	st end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and st	treet address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address	<u>:</u>	Mailing Address:
442 Avanti Way Blvd.	<u></u>	
North Fort Myers, FL 33917		
another business entity wi	th an active Florida re	
100	illaid Waylie Nose	Name
	2 Avanti Way Blvd. lorida street address (l	P.O. Box <u>NOT</u> acceptable)
<u>N</u>	orth Fort Mvers	FL 33917
	City	Zip
the place designated in capacity. I further agree	a this certificate, I here to comply with the pr	accept service of process for the above stated limited liability company at the propert the appointment as registered agent and agree to act in this povisions of all statutes relating to the proper and complete performance to the obligations of my position as registered agent as provided for in

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
SECRETARY OF STATE
SIVISION OF CORPORATIONS

INN 17 AM 7: 49

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR = Manager	Ronald Wayne Rose
	442 Avanti Way Blvd.
	North Fort Myers, FL 33917
	<del>- 1</del>
<del></del>	
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of fective date is listed, the date must be speci	filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 90 days a
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CLE V: Effective date, if other than the date of effective date is listed, the date must be specite of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memical discordance with section 60:	ber of an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
CLE V: Effective date, if other than the date of effective date is listed, the date must be specite of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memical discordance with section 60: constitutes an affirmation under	ific and cannot be more than five business days prior to or 90 days  Lay Device the second se

Page 2 of 2

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)

Typed or printed name of signee