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SECRETARY OF STATE

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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: T-Ster Enterprise LCC 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:
Jessica Lavern Starling Name of Person
Name of Person
J-Star Enterprise Firm/Company
Firm/Company
1508 Celun St Address
Address
Tell F1 32310 City/State and Zip Code
City/State and Zip Code
Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(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: Mailing Address:
1508 Callen St 1508 Callen St 25 25 25 25 25 25 25 25 25 25 25 25 25
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:
Trasica lavern Starling
Name
Jessica Lovern Starling 1508 Callen St
Florida street address (P.O. Box NOT acceptable)
Tell 823/0
Tell FL 32310 City 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 605, F.S  Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Jessical. Sterling 1508 Callen St Tallahesse F1 32210
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E V: Effective date, if other than the ective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with see constitutes an affirmati I am aware that any fal constitutes a third degree.	a member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true, ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the ective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with see constitutes an affirmati I am aware that any fal constitutes a third degree.	a member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true, is information submitted in a document to the Department of State

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