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## CORPORATE ACCESS, \_

"When you need ACCESS to the world"

INC.

236 East 6th Avenue . Tallahassec Florida 32303

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

	WALK IN
	PICK UP: 2-7-14
A	CERTIFIED COPY
	РНОТОСОРУ
	CUS
×	FILING LLC
	Star Car Wraps LLC (CORPORATE NAME AND DOCUMENT #)
•	(CORPORATE NAME AND DOCUMENT #)
3.	(CORPORATE NAME AND DOCUMENT #)
<b>.</b>	(CORPORATE NAME AND DOCUMENT #)
•	(CORPORATE NAME AND DOCUMENT #)
•	(CORPORATE NAME AND DOCUMENT #)
PECIA	L INSTRUCTIONS:



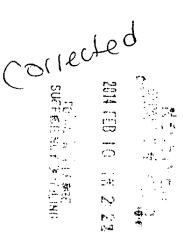
#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2014

CORPORATE ACCESS INC

SUBJECT: STAR CAR WRAPS LLC

Ref. Number: W14000008490



We have received your document for STAR CAR WRAPS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return 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 III

Letter Number: 114A00002918

### ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I.

The name of the Limited Liability Company is:

#### STAR CAR WRAPS LLC

#### ARTICLE II.

The address and street address of the principal office of the Limited Liability Company is:

3871 W STATE RD 84 APT 101

**DAVIE FL 33312** 

The mailing address of the Limited Liability Company is:

3871 W STATE RD 84 APT 101

**DAVIE FL 33312** 

# 14 FEB 10 PM 12: 37 SECRETARY OF STATE TALL AHASSEE STORE

#### ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

#### **ARTICLE IV**

The name and the Florida street address of the registered agent are:

ZSOLT CSABA SZALONTAI

3871 W STATE RD 84 APT 101

**DAVIE FL 33312** 

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 60 5 F.S..

Registered Agent's Signature

Date:

214/14

#### **ARTICLE V**

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title:

14 FEB 10 PH 12: 37
SECRETARY OF STATE
TALLAHASSEE

**ZSOLT CSABA SZALONTAI** 

3871 W STATE RD RD 84 APT 101

Zoot C Section

**DAVIE FL 33312** 

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(1) (b)

In accordance with section Les. 2743 Florida Statutes, the execution of this document constitutes an affirmation under the penalties 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.

Signature of a member or an authorized representative of a member.

Typed or printed name of signee

Date