

114-8496

**CORPORATE
ACCESS,
INC.**

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, 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

- ☒ CERTIFIED COPY _____
☐ PHOTOCOPY _____
☐ CUS _____
☒ FILING LLC _____

1. Star Car Wraps LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2014

CORPORATE ACCESS INC

SUBJECT: STAR CAR WRAPS LLC
Ref. Number: W14000008490

Corrected
RECEIVED
2014 FEB 10 PM 2:22
CORPORATE ACCESS INC

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

FILED
14 FEB 10 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 605 F.S..

Zolt C Szalontai

Registered Agent's Signature

2/4/14

Date:

ARTICLE V

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

Name and Address:

Title:

ZSOLT CSABA SZALONTAI

3871 W STATE RD RD 84 APT 101

DAVIE FL 33312

Zolt C Szalontai

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TALLAHASSEE, FLORIDA

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14 FEB 10 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In accordance with section ^{(1) (b)} ~~605.023~~ 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.

Zsolt C Szalontai 2/4/14

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

ZSOLT C. SZALONTAI

~~2/19/14~~ 2/4/14

Typed or printed name of signee

Date