

# 1400092678

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
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## FLORIDA LIMITED LIABILITY CO. STAB PROPERTIES OF BROWARD LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

JUN 10 2014

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June 9, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: STAR PROPERTIES OF BROWARD LLC  
REF: W14000035431

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Tammi Cline  
Regulatory Specialist II

FAX Aud. #: H14000132442  
Letter Number: 014A00012309

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H14000132442

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, "LLC," or "LLC")

STAB PROPERTIES of BROWARD LLC

ARTICLE II - Address:

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

1401 South SURF ROAD  
Hollywood - Florida 33019

STATE OF FLORIDA  
DEPARTMENT OF STATE  
REGISTRATION  
AND  
CHASER  
FLORIDA  
05/06/2014

ARTICLE III - Registered Agent, Registered Office:

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

STABINSKI & FUNT P.A.  
757 NW 27 AVE 3rd Floor  
Miami - Florida 33125

ARTICLE IV:

The name and title of each person authorized to manage and control the Limited Liability Company:

Luis STABINSKI (MGRM)  
AND  
Bell STABINSKI (MGRM)

04/20/2032 00:15  
06/06/2014 1421

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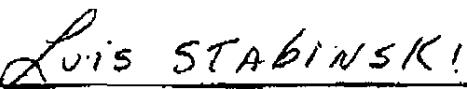
H14000132442

Required Signatures:



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

In accordance with section 605.0203 (1) (b), 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.



Typed or printed name of signee

RENE L. AND  
TALLAHASSEE  
2014 JUN 9

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)