

L14000117431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

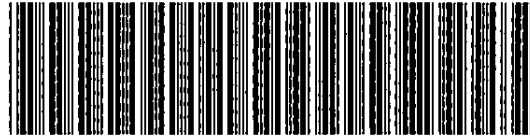
Certified Copies



Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



000262642180

07/25/14--01008--021 **155.00

FILED
14 JUL 25 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 25 2014

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FIVE STAR DECOR & EVENTS, LLC.
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:

NEVELINE INNOCENT

Name of Person

Firm/Company

730 N.E. 70TH STREET

Address

MIAMI, FL 33138

City/State and Zip Code

fivestardecorandevents@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NEVELINE INNOCENT at (786) 624-0446
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FIVE STAR DECOR & EVENTS, LLC

(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:

730 N.E. 70TH STREET
MIAMI, FL 33138

SAME

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:

WINIFRED D BROWNE

Name

312 NE 55TH TERRACE

Florida street address (P.O. Box NOT acceptable)

MIAMI,

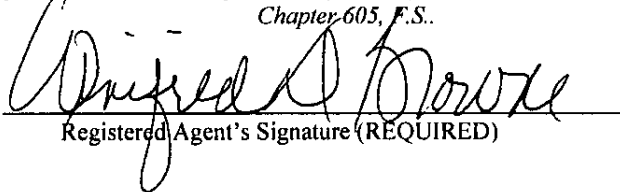
FL 33137

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)

FILED
14 JUL 25 PM 1:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

NEVELINE INNOCENT

730 N.E. 70TH STREET

MIAMI, FL 33138

AMBR

JOANE CALIXTE

730 N.E. 70TH STREET

MIAMI, FL 33138

AMBR

BEVERLY INNOCENT

730 N.E. 70TH STREET

MIAMI, FL 33138

AMBR

NADEGE DARIUS

730 N.E. 70TH STREET

MIAMI, FL 33138

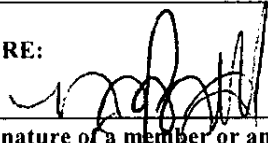
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.)

NEVELINE INNOCENT

Typed or printed name of signee

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)

ATTACHMENT

FIVE STAR DECOR & EVENTS, LLC

PAGE 3

ARTICLE 1V

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

AMBR

SUZIE NICHOLAS

730 N.E. 70TH STREET

MIAMI, FL 33138