## L14000155347

| (Requestor's Name)                      |
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|   |
| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special instructions to thing officer.  |
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2014 SEP 29 PA P 07
SECRETARY OF STATE
ALLAHASSET, FEBRION
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## **COVER LETTER**

| TO: Registration Division of | n Section<br>Corporations                        |   |  |
|------------------------------|--|---|--|
| SUBJECT: All Star            | rs Staffing & Services, LLC<br>Name of Lir       | nited Liability Company   | <del></del>  |
| The enclosed Articles        | s of Organization and fee(s) as                  | re submitted for filing.  |  |
| Please return all corre      | espondence concerning this m                     | atter to the following:   |  |
| Danny (                      | Gabriela Estrella Palau                          | Name of Bosses  |  |
|                              |  | Name of Person  |  |
|                              |  | Firm/Company  |  |
| 3831 Ha                      | mpstead Lane                                     |   |  |
|                              |  | Address   |  |
| <u>Lakelano</u>              | 1, Florida 33810<br>C                            | ity/State and Zip Code  |  |
| gabrielaestn                 | ella2002@gmail.com<br>F-mail address: (to be use | d for future annual report notifica                                 | ation)   |
| For further information      | on concerning this matter, plea                  | -   | . get  |
| Danny Gabriela Est           | trella Palau st ( 8                              | 363 <u>) 608-7308</u>   |  |
| Nar                          | me of Person                                     | Area Code Daytime Te  | lephone Number 29  |
| Enclosed is a check for      | or the following amount:                         |   |  |
| ☐ \$125.00 Filing Fee        | ☑\$130.00 Filing Fee & Certificate of Status     | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |
| Ma                           | iling Address                                    | Street/Courier Add  | resi   |

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is:   |   |   |
|---|---|---|
| All Stars Staffing & Services, LLC  |   |   |
| (Must end with the words "Limited I   | iability Company, "L.L.C.," or "LLC   | ")  |
| ARTICLE II - Address:<br>The mailing address and street address of the principal off  | ice of the Limited Liability Company  | is:   |
| Principal Office Address:   | Mailing Address:  |   |
| 10959 Savannah Landing Circle<br>Orlando, FL 32832  | 10159 Savannah L<br>ORLANDO FL 3283:  | anding circle                                   |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.  | egistered Agent. You must designate   | an individual or                                |
| The name and the Florida street address of the registered a   | gent are:   |   |
| <u>Danny Gabriela Estrella Palau</u><br>Name  | ······································  |   |
| 3831 Hampstead Lane.<br>Florida street address (P.O. Box I  | NOT acceptable)   |   |
| Lakeland, FL 33810  | FL  |   |
| City  | Zip   |   |
| Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligation of my duties.  Registered Agent's Signature. | the appointment as registered agent at all statutes relating to the proper and gations of my position as registered ager 605, F.S | nd agree to act in this<br>complete performance |
| (CONTINUE   | D)  | 07<br>07  |

Page 1 of 2

| Title:  | Name and Address:  |
|---|--|
| "AMBR" = Authorized Member  |  |
| "MGR" = Manager<br>AMBR   | Abdul Josue Estrella Perez   |
| ANDIX   | 10959 Savannah Landing Circle,   |
|   | Orlando, FL 32832  |
| AMBR  | lone Manual Caldana Madinas  |
| AMIDIX  | Jose Manuel Calderon Martinez  |
|   | 3831 Hampstead Lane,<br>Lakeland, FL 33810   |
|   | Lakeland, FL 33610   |
| <del></del>   |  |
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| ective date is listed, the date must be filling.)   | date of filing: 10/01/2014 (OPTIONAL)  se specific and cannot be more than five business days prior to or 90 days.   |
| E V: Effective date, if other than the ective date is listed, the date must be  | e specific and cannot be more than five business days prior to or 90 da  |
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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 section constitutes an affirmation I am aware that any false)  | a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State   |
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