

LI 500 0004760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

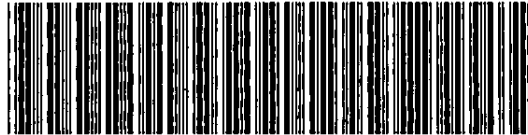
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000267725410

12/29/14--01018--021 **125.00

J. Shivers JAN 09 2015

FILED
14 DEC 29 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2575

Coconut Creek, FL December 24, 2014

Affidavit

From:

Five Star Services, Inc.
3226 NW 47th Ave
Coconut Creek, FL 33063
Document Number: P12000067378
FEIN: 90-0875217

Voluntary Dissolution Filed: 12/24/2014

To:

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I would like to state that I am changing my corporation's name.

The new name is Five Star Services LLC

Below is a confirmation for the dissolution made to my previous company named: Five Star Services, INC.

Dissolution Online Filing – FIVE STAR SERVICES, INC. On 12/24/2014

Document Number P12000067378

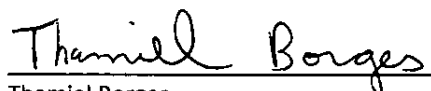
Thank you for filing your dissolution online. Your document filed date will be today's date if there are no processing errors.

Your confirmation number is 500267744015.

Attached are the forms for the registration of FIVE STAR SERVICES LLC

Please feel free to contact us at any time if you need further information.

Sincerely,



Thamiel Borges
President

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Five Star Services 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:

Suely Oliveira

Name of Person

TaxPlace

Firm/Company

1660 W Hillsboro Blvd

Address

Deerfield Beach, FL 33442

City/State and Zip Code

suely@taxplace.com

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

For further information concerning this matter, please call:

Thamiel Borges

Name of Person

at (754) 235-7434

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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 Services 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:

3226 NW 47th Ave
Coconut Creek, FL 33063

Mailing Address:

3226 NW 47th Ave
Coconut Creek, FL 33063

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:

Thamiel Borges
Name

3226 NW 47th Ave
Florida street address (P.O. Box **NOT** acceptable)

Coconut Creek, FL 33063
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..

Thamiel Borges
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

Thamiel Borges

3226 NW 47th Ave

Coconut Creek, FL 33063

MGR

Livia Borges

3226 NW 47th Ave

Coconut Creek, FL 33063

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2015 (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:

Thamiel Borges

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.)

Thamiel Borges

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)

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