

L15000142341

(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:

LCC

Office Use Only



300275485173

08/04/15--01027--009 **125.00

W-5-52041

FILED
15 AUG 18 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

560000 AUG 25 2015

Walsh & Walsh

COUNSELLORS AT LAW
55 STATE STREET
HACKENSACK, NEW JERSEY 07601-5426
(201) 487-7500
TELECOPIER NO. (201) 487-5583

JOHN K. WALSH, JR.
NJ, NY & FL BAR

JOHN K. WALSH
NJ & NY BAR
RETIRED

299 BROADWAY
SUITE 1508
NEW YORK, NEW YORK 10007
(212) 227-7711
FAX (212) 267-8687

July 30, 2015

Florida Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Red Star Associates, LLC
Our File No. 2015-3144.01

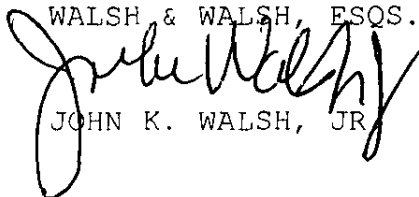
Dear Sir/Madam:

Enclosed herewith for filing, please find an original and two (2) copies of the *Articles of Organization* with regard to the above entity.

Kindly file the original and return a copy stamped "filed" to the undersigned in the self addressed stamped envelope provided for your convenience.

Also enclosed is our firms check in the amount of \$125.00 representing your fee for filing same.

Very truly yours,
WALSH & WALSH, ESQS.



JOHN K. WALSH, JR.

JKW, JR.\cm
Enclosures
cc: Ronald Joseph Palka
Brian John Maguire



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2015

WALSH & WALSH
ATTN: JOHN K. WALSH
55 STATE STREET
HACKEDNSACK, NJ 07601-5583

SUBJECT: RED STAR ASSOCIATES, LLC
Ref. Number: W15000052946

RECEIVED
15 AUG 18 PM 1:57
TALLAHASSEE, FLORIDA

We have received your document for RED STAR ASSOCIATES, LLC and your check(s) totaling \$125.00. 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) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 015A00016550

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Red Star Associates, LLC

ARTICLE II - Address:

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

Principal Office Address:

6296 Madras Circle
Boynton Beach, Florida 33437

Mailing Address:

6296 Madras Circle
Boynton Beach, Florida 33437

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Ronald Joseph Palka

Name

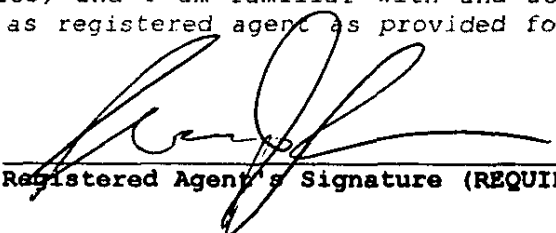
6296 Madras Circle

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

Boynton Beach, Florida 33437

City State 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)

FILED
15 AUG 18 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV:

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

Title:

Name and Address:

AMBR, MGR

Ronald Joseph Palka
6296 Madras Circle
Boynton Beach, Florida 33437

AMBR, MGR

Brian John Maguire
6296 Madras Circle
Boynton Beach, Florida 33437

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.)

Note: If the date inserted in this block does not meet applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

REQUIRED SIGNATURE:



Signature of member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

RONALD JOSEPH PALKA

Typed or printed name of signer

FILED
JAN 18 PM 3:50
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA