L1600000 3351

(Re	equestor's Name)	
(Ac	ldress)	··· · · · · · · · · · · · · · · · · ·
(Ac	ldress)	
(Cir	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

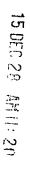
JAN 1 1 2016

T. SCOTT



900280348839

12/28/15--01030--012 **160.00



COVER LETTER

	Table of Sol potations
	Five Star Auto Shippers LLC
SUBJECT	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Michael Forrest
	Name of Person
	Five Star Auto Shippers LLC
	Firm/Company
	10274 Hidden Springs Court
	Address
	Boca Raton, FL 33498
	City/State and Zip Code michael.forrest219@gmail.com
-	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Michael Forrest 954 612-1310 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 F	siling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
	a

Mailing Address

Registration Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Five Star Auto Shippers I	LLC.	
(Must end with	the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
TICLE II - Address:		
mailing address and street addre	ss of the principal office	of the Limited Liability Company is:
Principal O	ffice Address:	Mailing Address:
10274 Hidden Springs Co	ourt	10274 Hidden Springs Court
Boca Raton, FL 33498		Boca Raton, FL 33498
	D 14 100 0 D	14. 14. 61.
e Limited Liability Company can ther business entity with an activ name and the Florida street addr	not serve as its own Regi- re Florida registration.) ress of the registered agen	stered Agent. You must designate an individual o
e Limited Liability Company can ther business entity with an active name and the Florida street addr	not serve as its own Regine Florida registration.) ress of the registered agent and a forcest	stered Agent. You must designate an individual o
e Limited Liability Company can her business entity with an activ name and the Florida street addr	not serve as its own Regi- re Florida registration.) ress of the registered agen	stered Agent. You must designate an individual o
ther business entity with an active name and the Florida street addr	not serve as its own Regine Florida registration.) ress of the registered agent and a forcest	stered Agent. You must designate an individual o

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..

Fl

State

33498

Zip

Boca Raton

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>litle:</u> AMBR" = Authorized Member	Name and Address:
'MGR" = Manager CEO	Michael B. Forrest
	T0274 Hidden Springs Court
	Boca Raton, FL 33498
VP	Harold M. Forrest
	8592 Flamingo Drive
	Boca Raton, FL 33496
	**
EV: Effective date, if other than the date ctive date is listed, the date must be speffiling.)	of filing: December 21st, 2015 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 control of the
EV: Effective date, if other than the date ctive date is listed, the date must be sperfilling.) he date inserted in this block does not neent's effective date on the Department.	ecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date ctive date is listed, the date must be spot filling.) the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false constitutes a third degree	eneet the applicable statutory filing requirements, this date will not of State's records. ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. enformation submitted in a document to the Department of State en felony as provided for in s.817.155, F.S.
ctive date is listed, the date must be spet filing.) the date inserted in this block does not nent's effective date on the Department of the VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed any false.	eneet the applicable statutory filing requirements, this date will not of State's records. ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. enformation submitted in a document to the Department of State en felony as provided for in s.817.155, F.S.

ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)