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16 APR 11 PH 2: 29

SECRETARY OF STATE

	COVER LETTER
TO: Registron Section Division Corporations	TO APR I
SUBJECT: Rustic	Name of Limited Liability Company
The enclosed Ades of Organization	and fee(s) are submitted for filing.
Please return allarespondence conce	rning this matter to the following:
<u>St</u>	ar May ra Name of Person
Zustic	Star Collections LLC Firm/Company
MUDT	Flora five. N. Address
_ Seh	ich Acres, 7, 33971 City/State and Zip Code
	marra d me. 10 me: (to be used for future annual report notification)
For further infortant concerning this (natter, please call:
Star Mar Name of Person	Area Code Daytime Telephone Number
Enclosed is a chiffer the following a	
\$125.00 Filing b S130.00 Filing b Certificate of	ing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee. Of Status (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Sailing Address	Street Address New Eiling Species
Vew Filing Section Mysision of Corporat MO. Box 6327 Matlahassee, FL 3231	Clifton Building

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RТ	ICL	\mathbf{F}	ı _	Na	me

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Jenin Acres, Fr. 33971

Lewigh Acres, Fr

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:

Name

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

F 250 D 1 1 1

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. Thereby 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

6 APR 11 PM 2: 2

"AMBR" = Authorized Member	Name and Address:	
PACCINE AL		
"MGR" = Manager - AMBS	At - Marco	
-Lun (7), /	Yes Flore Are N	
	Jehigh Acres Fl 33971	
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