## L16000116469

(Requestor's Name)					
(Address)					
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(Cit	ty/State/Zip/Phone	<del>= #)</del>			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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## **COVER LETTER**

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	Registration Section Division of Corporations	
SUBJEC	BIG STAR VENTURES	
SUBJEC		of Limited Liability Company
The encl	osed Articles of Organization and fe	e(s) are submitted for filing.
Please re	turn all correspondence concerning	this matter to the following:
	CARLOS GARAFULIC	
		Name of Person
		Firm/Company
	19667 TURNBERRY WAY, AI	PT 26C
		Address
	AVENTURA, FL 33180	
	CGARAFULIC@GMAIL.COM	City/State and Zip Code
	E-mail address: (to b	e used for future annual report notification)
For further	information concerning this matter	please call:
	CARLOS GARAFULIC	954 478-9772 at ( )
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount	:
\$125.00	Filing Fee \$130.00 Filing Fe Certificate of Star	
	Mailing Address New Filing Section	Street Address New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>BIG STAR VENTU</b>	JRES, LLC			
(Must end	l with the words "Limited Li	ability Company, "I	L.L.C.," or "LLC.")	
RTICLE II - Address: ne mailing address and street	address of the principal offic	ce of the Limited Lia	ability Company is:	
<u>Princi</u>	Principal Office Address:		Mailing Address:	
411 WALNUT STI	REET # 7752	411 W	ALNUT STREET # 7752	
GREEN COVE SPRINGS, FL 32043				
GREEN COVE SP	gent, Registered Office, & I	Registered Agent's	N COVE SPRINGS, FL 32043	
GREEN COVE SP  RTICLE III - Registered Ag he Limited Liability Compan	gent, Registered Office, & I y cannot serve as its own Re active Florida registration.) t address of the registered ag	Registered Agent's egistered Agent. You gent are:	N COVE SPRINGS, FL 32043 Signature:	<b>5</b> JUN 14
GREEN COVE SP  RTICLE III - Registered Ag he Limited Liability Compan other business entity with an	gent, Registered Office, & I y cannot serve as its own Re active Florida registration.) t address of the registered ag CARLOS GARAFULIO	Registered Agent's egistered Agent. You gent are:	N COVE SPRINGS, FL 32043 Signature:	F JUN II, AM
GREEN COVE SP  RTICLE III - Registered Ag he Limited Liability Compan other business entity with an	gent, Registered Office, & I y cannot serve as its own Re active Florida registration.) t address of the registered ag  CARLOS GARAFULIO	Registered Agent's gistered Agent. You gent are:	N COVE SPRINGS, FL 32043 Signature:	6 JUN 14
GREEN COVE SP  RTICLE III - Registered Ag he Limited Liability Compan other business entity with an	gent, Registered Office, & I y cannot serve as its own Re active Florida registration.) t address of the registered ag CARLOS GARAFULIO	Registered Agent's egistered Agent. You gent are:	N COVE SPRINGS, FL 32043 Signature: I must designate an individual or	b JUN 14 AM
GREEN COVE SP  RTICLE III - Registered Ag he Limited Liability Compan other business entity with an	gent, Registered Office, & I y cannot serve as its own Re active Florida registration.) t address of the registered ag  CARLOS GARAFULIO N  2875 N.E. 191 STREET	Registered Agent's egistered Agent. You gent are:	N COVE SPRINGS, FL 32043 Signature: I must designate an individual or	4 JUN 14 AM 9: 1

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)

Page 1 of 2

(CONTINUED)

**ARTICLE IV-**

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

	Title: "AMBR" = Authorized	Name and Address:			
		1 Member			
	"MGR" = Manager AMBR		Carlos Garafulic		
<u></u>	AMDK	-	19707 Turnberry Way, Apt. 26C		
			Aventura, FL 33180		
	AMBR	•	Marcelo Buki		
			21205 NE 37th Ave, Apt. 3201		
			Aventura, FL 33180		
		_			
		<del>-</del>			
	(Use attachment if nece	essary)			
he date <u>Note:</u> If he docu	o <b>f filing.)</b> f the date inserted in thi	s block does not meet the n the Department of State	and cannot be more than five business days prior to or 90 days afte e applicable statutory filing requirements, this date will not be listed e's records.		
		, , ,			
	REQUIRED SIGNAT	Floke	hi Juanolo		
	This d	ocument is executed in a ware that any false infornutes a third degree felony	or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes. In a document to the Department of State y as provided for in s.817.155, F.S.		
		CORLES GORAFE Type	ed or printed name of signee		
		<b>31</b>			

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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