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SECRETARY OF STATE

Thom



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 16, 2016

STELLA BERMUDEZ 13673 SW 124 AVE ROAD MIAMI, FL 33186

SUBJECT: STELLAR FOOTWEAR, LLC

Ref. Number: W16000056854

SECRETARY OF STATE
TALL AN ASSESS TORIDA

We have received your document for STELLAR FOOTWEAR, 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):

Please list the complete principal office address.

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.

Matthew T Moon Regulatory Specialist II

Letter Number: 616A00017274

ATCELLED SEPTION

COVER LETTER

	egistration Section vivision of Corporations					
SUBJECT	STELLAR FOOTWEAR LLC					
JOBOLET	Name of Limited Liability Company					
The enclos	sed Articles of Organization and fee((s) are submitted	i for filing.			
Please retu	rn all correspondence concerning th	is matter to the	following:			
	STELLA BERMUDEZ					
		Name of	Person			
	STELLAR FOOTWEAR LLC				16 S	SEC
		Firm/Co	ompany		' - '	: AK - 국립
	13673 SW 124 AVE ROAD				ਹਾ। ≥ ਵ	18 X 28
		Addı	ress			່ນ: ປະ
	MIAMI FLORIDA 33186				က ဟ	SE S
		City/State an	nd Zip Code			
	bermudez1973@yahoo.com	1.0 . 0 .	1			
	E-mail address: (to be	used for future a	annual report notificati	on)		
For further i	nformation concerning this matter, p	olease call:				
	bermudez	786 at (547-4552			
	Name of Person	Area Code	Daytime Telephone	e Number		
Enclosed i	s a check for the following amount:					
\$125.00 F		ıs Certifi	00 Filing Fee & [ied Copy nal copy is enclosed)	\$160.00 Filing Certificate of S Certified Copy (additional copy	Status &	ed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporation Clifton Building 2661 Executive Center			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must	end with the words "Limited	l Liability Company,	"L.L.C.," or "LLC.")	
RTICLE II - Address:				
ne mailing address and str	eet address of the principal o	office of the Limited	Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Address:	
STELLA BERM	IUDEZ	1367	3 SW 124 AVE ROAD	
13673 SW 124	AVE ROAD	MIA	MIAMI FLORIDA 33186	
MIAMI FLORI	DA 33186			
RTICLE III - Registered	l Agent, Registered Office,	Registered Agent. Y	t's Signature: 'ou must designate an individual or	
RTICLE III - Registered The Limited Liability Comnother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	Registered Agent. Yon.)		SEP 15
RTICLE III - Registered The Limited Liability Comnother business entity with	I Agent, Registered Office, pany cannot serve as its own n an active Florida registration	Registered Agent. Yon.)		SEP 15
RTICLE III - Registered The Limited Liability Comnother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	Registered Agent. Yon.) d agent are: Name		SEP 15 ANTI: 5
RTICLE III - Registered The Limited Liability Comnother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered JAIME BERMUDE2	Registered Agent. Yon.) d agent are: Name ROAD	ou must designate an individual or	SEP 15 ANTI:
RTICLE III - Registered The Limited Liability Comnother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered JAIME BERMUDE 13673 SW 124 AVE	Registered Agent. Yon.) d agent are: Name ROAD	ou must designate an individual or	SEP 15 ANTI: 5

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 agent agent as provided for in Chapter 605, F.S..

egistered agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

ARTICLE IV-

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

	Title:	Name and Address:
	"AMBR" = Authorized Member	
	"MGR" = Manager	CMELL A DEDALIDES
	MGR/AMBR	STELLA BERMUDEZ
		13673 SW 124 AVE ROAD
		MIAMI FLORIDA 33186
	AMBR	IABAE DEDMIDEZ
	AIVIDK	JAIME BERMUDEZ 13673 SW 124 AVE ROAD
		MIAMI FLORIDA 33186
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		Si Si
(Use attachmen	(Use attachment if necessary)	7>
ARTI	CLE V: Effective date, if other than the date	ate of filing: 09/15/2016 . (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 da	te of filing.)	
Note:	If the date inserted in this block does no	ot meet the applicable statutory filing requirements, this date will not be listed a
the do	cument's effective date on the Departme	ent of State's records.
	•	
ARTI	CLE VI: Other provisions, if any.	
		,
	<u> </u>	
		a = i A
	REOUIRED SIGNATURE:	
	74)	101/L8

Signature of a hember of 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.

STELLA BERMUDEZ

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)