

2/27/2017

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Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
HEALTH STAR CONSULTING LLC

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COVER LETTER

**TO: Registration Department
Division of Corporations**

**SUBJECT: HEALTH STAR CONSULTING LLC
Name of Limited Liability Company**

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oscar R. Rivera, Esq.
Siegfried, Rivera, Hyman, Lerner, De La Torre, Mars & Sobel, P.A.
8211 West Broward Boulevard, Suite 250
Plantation, Florida 33324
orivera@srhl-law.com

For further information concerning this matter, please call:

Oscar R. Rivera, Esq. Telephone: 954-781-1134

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ARTICLE I – NAME:

The name of the Limited Liability Company is: Health Star Consulting LLC.

ARTICLE II – ADDRESS:

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

Principal Office Address:

3400 S.W. 27th Avenue, Apt. 405
Miami FL 33133

Mailing Address:

3400 S.W. 27th Avenue, Apt. 405
Miami, Florida 33133

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The Name and the Florida Street address of the Registered Agent is SKRLD, INC., 8211 West Broward Boulevard, Suite 250, Plantation, Florida 33324.

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.



Oscar R. Rivera, Registered Agent
Florida Bar No.: 329193

ARTICLE IV – MANAGER/DIRECTORS

Title:

Name and Address

MGR

Christiaan de la Fe
3400 S.W. 27th Avenue, Apt. 405
Miami, Florida 33133

MGR

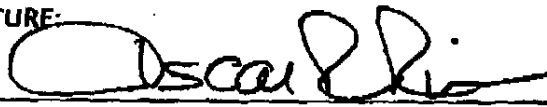
Robert Libertini
3400 S.W. 27th Avenue, Apt. 405
Miami, Florida 33133

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REQUIRED SIGNATURE:



Signature of a member or authorized representative of a member

(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

OSCAR R. RIVERA

Type or printed name of signee

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