Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002321043)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

Prom:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

FLORIDA LIMITED LIABILITY CO. FOUR STAR OF HOMESTEAD, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

C RICO AUS 0 5 2019

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176381 From: 12143052508 Date: 08/02/19 Time: 5:08 PM Page: 03/04

(((H19000232104 3)))

This Instrument Prepared By:

JOHN P. MAAS, ESQUIRE 44 NE 16th Street Homestead, Florida 33030 305-247-7132 Florida Bar No. 435910

19 IUG -5 PH 5: 13

ARTICLES OF ORGANIZATION

OF

FOUR STAR OF HOMESTEAD, LLC

ARTICLE I:

The name of this limited liability company shall be: FOUR STAR OF HOMESTEAD, LLC, a Florida limited liability company.

ARTICLE II:

The mailing address and street address of the principal office of the limited liability company shall be as follows:

MAILING ADDRESS: 719 SW 8th Avenue Homestead, FL 33030 PHYSICAL ADDRESS: 719 SW 8th Avenue Homestead, FL 33030

ARTICLE III:

The name and the Florida street address of the registered agent for FOUR STAR OF HOMESTEAD, LLC, are as follows:

NAYAN SARKER 29040 SW 144 Avenue Homestead, FL 33030 To: 18506176381 From: 12143052508 Date: 08/02/19 Time: 5:08 PM Page: 04/04

(((H19000232104 3)

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.

NAYAN SARKER

ARTICLE IV:

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

NAYAN SARKER, (AMBR) 25% 29040 SW 144 Avenue Homestead, FL 33030

ABDULLAH MD IMRAN (AMBR) 25% 27707 S. Dixie Highway Homestead, FL 33030

UJJAL KUMAR ROY (AMBR/MGR) 25% 1522 East Mowry Drive Apt. 208 Homestead, FL 33033

MOHAMMAD JAMAL SIKDER (AMBR) 25% 26540 SW 136 Avenue Homestead, FL 33032

DATED this <u>0.2</u> day of August, 2019.

NAYAN SARKER, AUTHORIZED MEMBER

MI2019 CORP & LLC WORK/7662-19 FOUR STAR OF HOMESTEAD, LLC ARTICLES OF ORGANIZATION LLC-res- 07-24-19 - estidoc

Page 2 of 2 Pages