9000237008

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Socialization)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: TEXPS STAR LLL 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:	
1707 SONTH St	
LEESBURG, FL 32748	
DAVCES BBQ (a MA) L. COM E-mail address: (to be seed for future annual report notification)	
For further information concerning this matter, please call:	
JOHN DANUK at (352) 220-3008 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)	į
Mailing Address New Filing Section Division of Corporations Street Address New Filing Section Division of Corporations	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32344 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

tain the words "Limited Liability Company, "L.L.C.,"

ARTICLE II - Address:

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

51 / 91/	
1711 SALOTUL SH 7.117 KAWBAW DP	
1 ECOBUME (C) Z2.048 SWIF 1171	ا سره
LIVINGSTON, TEXAS 17.	X) [

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:

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 l am familiar with and accept the obligations of my position is registered agent as provided for in Chapter 605, F.S.,

(CONTINUED)

<u>litle:</u> AMBR" = Authorized Member	Name and Address:
1GR" = Manager	TOWAL DANGE
	1707 50071431
AMAD	1 ECOURCY PL 37748
31110	
V: Effective date, if other than the date of	of filing: (OPTIONAL)
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) ne date inserted in this block does not ment's effective date on the Department of	cific and cannot be more than five business days prior to or 90 teet the applicable statutory filing requirements, this date will not
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

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ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)