

# L20000256324

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

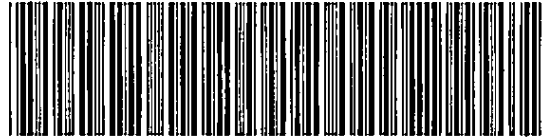
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/05/20 10:10:00 \*\$125.00

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2020 AUG -5 PM 3:35  
TALLAHASSEE, FL  
STATE

COVER LETTER

TO: **New Filing Section**  
**Division of Corporations**

SUBJECT: 5 STAR INVESTMENT GROUP, 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:

CLIFTON H. RODRIQUEZ, CIA, MPA

Name of Person

5 STAR INVESTMENT GROUP, LLC

Firm/Company

3146 NW 68th STREET

Address

FORT LAUDERDALE, FLORIDA 33309

City/State and Zip Code

crodz13@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLIFTON H. RODRIQUEZ, CIA, MPA

Name of Person

at ( 954 ) 557-9038

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
 The Centre of Tallahassee  
 2415 N. Monroe Street, Suite 810  
 Tallahassee, FL 32303

STATE OF FLORIDA  
 DIVISION OF CORPORATIONS  
 2010-05-05 PM 3:35

5 STAR INVESTMENT GROUP, LLC

ATX1

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

5 STAR INVESTMENT GROUP, LLC

(Must contain the words "Limited Liability," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

5 STAR INVESTMENT GROUP, LLC  
9923 NW 47th STREET  
SUNRISE, FLORIDA 33351

5 STAR INVESTMENT GROUP, LLC  
9923 NW 47th STREET  
SUNRISE, FLORIDA 33351

**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:

MR. ROMAL L. ROBERTS, Sr.

Name

9923 NW 47th STREET

Florida street address (P.O. Box **NOT** acceptable)

SUNRISE

City

FL 33351

State

Zip

*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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 AUG -5 PM 3:35  
STATE  
HALL COUNTY, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

ROMA L. ROBERTS, Sr.

9923 NW 47th STREET

SUNRISE, FLORIDA 33351

AMBR

DEVON ROBERTS

10391 NW 24th COURT

SUNRISE, FLORIDA 33322

(Use attachment if necessary)

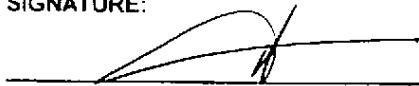
**ARTICLE V:** Effective date, if other than the date of filing: 8/1/2020 (OPTIONAL)

(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 date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

**ARTICLE VI:** Other provisions, if any.

THIS LIMITED LIABILITY CORPORATION WILL CONTINUE PERPETUALLY UNTIL IT IS DISSOLVED BY ITS BOARD OF MEMBERS OR SHAREHOLDERS.

**REQUIRED SIGNATURE:**


Signature of a member or 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.

ROMA ROBERTS

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)

2020 AUG -5 PM 3:35  
STATE  
SECRET, FL