L20000265357

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600349506206

00% (1/29 -01010--015) #x (65.00

STATE STATE

11 61016 ...

AUG 0 1 2020

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: Mobile Home Star Investor				
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:				
Angie Againne Name of Person				
Name of Person				
Mobile Home Star Investor				
Firm/Company				
14950 s Biscayne River Drive				
Address				
Miamy, Fl 33168 City/State and Zip Code angica 94 6 yah 00. com				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
of tallor line, manerical and manerical from the control of the co				
Angie Agautime at (954) 300 9689 Name of Person Area Code Daytime Telephone Number				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
□\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □\$130.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)				
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303	}			

ARTICLES OF ORGANIZATION FOR FI	LORIDA LIMITED LIABILITY COMPANY	
ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Mobile Hom	e star Investor L.L.C	
(Must contain the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
4950 S Biscayne River L	Dr 14850 S BISCarine River Dr Mianu, Fl 33168	
(The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a Mobile Home	ı.)	
	- 1	
14550 S BISCRYPE PIVER Dr Florida street address (P.O. Box NOT acceptable)		
City	F1 33/65 State Zip	
Having been named as registered agent and to accept service place designated in this certificate, I hereby accept the appoin further agree to comply with the provisions of all statutes related am familiar with and accept the obligations of my position as	te of process for the above stated limited liability company at the intment as registered agent and agree to act in this capacity. I lating to the proper and complete performance of my duties, and l	
	(CONTINUED)	

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 MBBR (Use attachment if necessary) _. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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. 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.

Filing Fees:

Angic Agoutine
Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

* ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

2020 AUG 11 PM 4: 20