## L2100003/318

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	<del> </del>
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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## COYER LETTER

TO: No	ew Filing Sectivision of Cor	ion porations				
SUBJECT	Star Project	s USA, LLC				
SOBJECT	•	Nan	ne of Lin	nited Liabili	ty Company	
The enclose	ed Articles of 0	Organization and	fee(s) are	submitted	for filing.	
Please retur	n all correspo	ndence concernin	g this ma	tter to the f	ollowing:	
	James D. Wa	lker				
				Name of	Person	
			-	Firm/Cor	npany	
	9330 - 154th	Rd North				
				Addre	SS	
	Jupiter, FL 3	3478				
j	ameswalkerep	a@yahoo.com	Ci	ty/State and	Zip Code	
_	Е	-mail address: (to	be used	for future a	inual report notificat	ion)
For further in	formation con	cerning this matte	r, please	call:		
	James Walker		56 at (	ŧ	246-1696	
•	Name	of Person	_ `	ea Code	Daytime Telephon	e Number
Enclosed is	a check for the	e following amou	nt:			
□\$125.00	Filing Fee	≡\$130.00 Filing Certificate of St		Certific	.00 Filing Fee & d Copy l copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Address ing Section			Itreet Address New Filing Section Di	vision

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

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

he name of the Limited Liab	oility Company is:		
Star Projects USA	, LLC		
(Must co	ontain the words "Limited	Liability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	t address of the principal o	office of the Limited	1 Liability Company is:
<u>Princ</u>	zipal Office Address:		Mailing Address:
<u>93</u> 30 - 154th Rd. Y	North	933	0 - 154th Rd. North
Jupiter, FL 33478	3	Jup	iter, FL 33478
RTICLE III - Registered A	iny cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individual or
RTICLE III - Registered A The Limited Liability Compa nother business entity with a	iny cannot serve as its own in active Florida registratio	Registered Agent.	nt's Signature: You must designate an individual or
RTICLE III - Registered A	iny cannot serve as its own in active Florida registratio	Registered Agent.	nt's Signature: You must designate an individual or -
RTICLE III - Registered A The Limited Liability Compa nother business entity with a	iny cannot serve as its own in active Florida registratio et address of the registered	Registered Agent.	nt's Signature: You must designate an individual or
RTICLE III - Registered A The Limited Liability Compa nother business entity with a	iny cannot serve as its own in active Florida registratio et address of the registered	Registered Agent. on.) dagent are: Name	nt's Signature: You must designate an individual or
RTICLE III - Registered A The Limited Liability Compa nother business entity with a	iny cannot serve as its own in active Florida registration et address of the registered James D. Walker	Registered Agent. on.) dagent are: Name	You must designate an individual or
ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	iny cannot serve as its own in active Florida registration et address of the registered James D. Walker  9330 - 154th Rd. No.	Registered Agent. on.) dagent are: Name	You must designate an individual or

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..

James D. Walker.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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## ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<del></del>	<del></del>
(Use attachment if necessary)	₩ <del>2</del> ₩
•	<u>्</u>
CLE V: Effective date, if other than the date of	filling: (OPTIONAE)
enective date is listed, the date must be speci- e of filing.)	ific and cannot be more than five business days prior to or 90 da
If the date inserted in this block does not mee	et the applicable statutory filing requirements, this date will not be
cument's effective date on the Department of	State's records.
•	
LE VI: Other provisions, if any.	
CLE VI: Other provisions, if any.	
CLE VI: Other provisions, if any.	
LE VI: Other provisions, if any.	
CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:  Signature of a memi	2 D. Walker ber or an authorized representative of a member.
REQUIRED SIGNATURE:  Signature of a memion	

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)