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SUBJEC		Prints L.L.C.			2030 DEC -1 WHO: 33
SOBJEC	· ;	Name of 1	imited Liabil	ity Company	
					miceg print service service
The enclo	sed Articles of	Organization and fee(s)	are submitted	I for filing.	5
Please reti	ırn all correspo	ondence concerning this	matter to the	following:	ယ ယ
	Luis Angel T	_		Ç	
		· · · · · · · · · · · · · · · · · · ·	Name of	Porcon	
			Name Of	Terson	
	Gold Star Pr	ints, L.IC.			
			Firm/Co	ompany	
	3815 Earlsto	n Court			
			Addı	ress	
	Orlando, FL	32817			
	voldstarprints	fl@gmail.com	City/State ar	id Zip Code	
		E-mail address: (to be us	ed for future :	unnual report notificat	ion)
For further		ncerning this matter, ple			
1 of turner	mormation co	neering ans maker, pre-	ase can.		
	Luis Torres	at (407	985-6525	
	Nam	e of Person	Area Code	Daytime Telephon	e Number
Enclosed	s a check for t	he following amount:			
□\$125.0) Filing Fee	■\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ied Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address		Street Address New Filing Section D	ivision

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Gold Star Prints, L.L.C.

(Must contain the words "Limited Liability Company, "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:	<u>Mailing Address</u> :
3815 Earlston Ct., Orlando, FL 32817	3815 Earlston Ct., Orlando, FL 32817

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:

Matthew Quattrochi	 Quattrochi and To: 	rres, P.A.
	Name	
950 S. Winter Park I	Drive, Suite 207	
Florida street addre.	ss (P.O. Box <u>NOT</u> ac	cceptable)
Casselberry	FL	32707
City	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)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Luis Angel Torres 3815 Earlston Ct., Orlando, FL 32817
MGR	Maria Cristina Rodriguez 3815 Earlston Ct., Orlando, FL 32817
(Use attachment if necessary)	
(If an effective date is listed, the date must l the date of filing.)	date of filing: 1/4/2021 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
REQUIRED SIGNATURE:	
This document is e I am aware that any	Amember or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.
Luis Angel	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)