Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address	:	

FLORIDA LIMITED LIABILITY CO. STARCAP, LLC

Certificate of Status	1
Certified Copy	0
Page Count	-04 03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FEDE	RIDATIMITED LIABILITY COMPANY
ARTICLE I - Name:	.3
The name of the Limited Liability Company is:	
STARCAP, LLC	
(Must conatin the words "Limited Liabi	lity 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:	Mailing Address:
14426 Amberly Ln Unit 602	14426 Amberly Ln Unit 602
Delray Beach, FL 33446	Delray Beach, FL 33446
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.)	
The name and the Florida street address of the registered ager	nt are:

Corporate Creations Network Inc.

Name

801 US Highway I

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

North Palm Beach State City

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..

Lauren Underwood, Special Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)



p.3

Title: "AMBR" = / "MGR" = M	Authorized Mem	iber	Name and Address:	
AMBR			Barry Korman 14426 Amberly Ln Unit 602 Delray Beach, FL 33446	
	ent if necessary			
CLEV: Effective date is te of filing.)	re date, if other t listed, the date rted in this bloc	han the date of must be speci k does not mee	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will not State's records.	•
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)