Division of Corporations Electronic Filing Cover Sheet

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.

(((H21000240220 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

: (305)444-4994

Fax Number : (305)444-4977

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

c:1	Addcess:			
	BUUTES .			

## FLORIDA LIMITED LIABILITY CO. J5 STAR TRAINING LLC.

Certificate of Status	Ü
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED UABILITY COMPANY

	tar Training LLC.			
(Must contain	the words "Limited Liz	ability Company	, "L.L.C.," or "LLC.")	
E II - Address: ig address and street addr	ess of the principal offi	ice of the Limite	d Liebility Company is:	
Principal (	Office Address:		Malling Address:	
12301 Upper Harde	n Avenue	1	12301 Upper Harden Avenue	
E III - Registered Agent ted Liability Company ca usiness entity with an acti	nnot serve as its own F	legistered Agen	ent's Signature: t. You must designate an individ	
E III - Registered Agent ted Liability Company ca	nnot serve as its own F ve Florida registration dress of the registered:	tegistered Agen L) agent arc:	ent's Signature:	
E III - Registered Agent, ted Liability Company can usiness entity with an acti	nnot serve as its own F ve Florida registration dress of the registered:	Registered Agen L)	ent's Signature:	
E III - Registered Agent, ted Liability Company can usiness entity with an acti	nnot serve as its own F ve Florida registration dress of the registered a VVillian	tegistered Agen  L)  agent are:  1 C. Jackson	ent's Signature: t. You must designate an individ	
E III - Registered Agent, ted Liability Company can usiness entity with an acti	nnot serve as its own F ve Florida registration dress of the registered a VVillian	Registered Agen  L)  agent are:  n C. Jackson  Name  r Harden Ave	ent's Signature: t. You must designate an individ	
E III - Registered Agent, ted Liability Company can usiness entity with an acti	nnot serve as its own F ve Florida registration dress of the registered Vvillian 12301 Uppe	Registered Agen  L)  agent are:  n C. Jackson  Name  r Harden Ave	ent's Signature: t. You must designate an individ	

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 cartificate. I hereby accept the appointment us 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 Signerare (REQUIRED)

(CONTINUED)

<u> Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
AMBR	William C. Jackson
	12301 Upper Harden Freduce Oktamore, FL 02927
	Yura Induser
AMBR	Kyra Jackson
	12301 Lieper Herden Avenus Onando Ft. 32222
EV: Effective date, if other than the crive date is listed, the date must	e date of filing:
ective date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Depar	he specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the ctive date is listed, the date must of filing.) The date inserted in this block does	he specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the crive date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Depar	he specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Depart E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is Law aware that are	he specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Depart E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is Law aware that are	f a member or an authorized representative of a member.  executed in accordance with section 605.0203 (1) (b), Plorida Statutes.  y false information submitted in a document to the Department of State.