

L210 0037 8856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

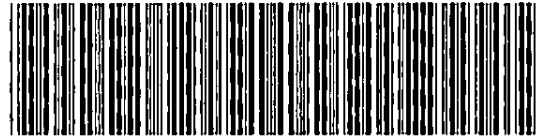
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/17/21--01011--013 **155.00

21 AUG 17 PM 12:43
ATLANTA, GA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: North Star Beacon Investment Group LLC

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:

Edikan Nkan

Name of Person

Firm/Company

5920 NW 14TH PL

Address

Sunrise, FL 33313

City/State and Zip Code

northstarbeaconinvestmentgroup@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edikan Nkan

754

214-1646

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

North Star Beacon Investment Group LLC

(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:

5920 NW 14TH PL, Sunrise, FL 33313

Mailing Address:

5920 NW 14TH PL, Sunrise, FL 33313

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:

Claude R. Hector

Name

521 W Dayton Cir

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

Fort Lauderdale

FL

33312

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)

21 AUG 17 PM 12:43
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-17-2017 BY 60322

ARTICLE IV-

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

AMBR

Edikan Nkan

NW 14TH PL

Sunrise, FL 33313

AMBR

Nathaniel Superville

7780 NW 46th Street

Lauderhill, FL 33351

AMBR

Claude R. Hector

521 W Davton Cir

Fort Lauderdale, FL 33312

AMBR

Awahir Attia

1241 SW 73th ave

orth Lauderdale, FL 33068

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/04/2021 (OPTIONAL)

(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.

Claude R. Hector

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)

FILED
21 AUG 17 PM 12:43
CLERK OF DISTRICT COURT
JULIA A. HARRIS, CLERK

ARTICLE IV (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

AMBR

David Steel
11417 SW 148 St.
Miami, FL 33176

AMBR

Dale Wright
281 Belgian Dr.
Melbourne, FL 33176

AMBR

Kamal Cudjoe
3516 NW 24th Street
Lauderdale Lakes, FL 33311

AMBR

Craig Wilson
8226 Southampton Drive
Miramar, FL 33025

AMBR

Ime Nkan
947 Hawthorne Cove Ct
Ocoee, FL, 34761

AMBR

Donovan A. Noble
PO Box 120756
Fort Lauderdale, FL 33312

AMBR

Denard Clement Ross
14851 Garden Drive
Miami, FL 33168

AMBR

Mark Allen
11129 NW 39th St Bldg. apt 304
Sunrise, FL 33351

AMBR

Joshua Mosley
2226 SW 80th Terrace
Miramar, FL 33025