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:		2022 F
10.	Division of Corporations	
	Fax Number : (850)617-6381	B 10
From:	•	m_c ,
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	PM 12: F STA F LOR
	Account Number : I20000000019	S 2
	Phone : (305)552-5973	
	Fax Number : (305)675-5944	DA DA

FLORIDA LIMITED LIABILITY CO. NORTH STAR IMPORT & EXPORT LLC

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

Electronic Filing Menu Corporate Filing Menu

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Help

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

NORTH STAR IMPORT & EXPORT LLe of Document # 110000 68381

are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

Rudy L. Cevallos (MgRM) 3052201440

AKIKLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: EIN - 52 - 2450089
The name of the Limited Liability Company is:
NORTH STAR IMPORT & EXPORT LLC." OF "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:
BIOD TAFT ST Some
PLABROUL DINGS FL
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registanted Agent. You must designate an individual or esother business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
ANDY L CEVALLOS = TO
Name San No C
Florida street address (P.O. Box NOT acceptable)
PHIMDUL PINKY A 33024

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 608, F.S.

City, State, and Zip

Registered Agency's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Man The name and address of each Manager Title:	ger or Managing Member is as follows: Name and Address:	HAHA C
"MGR" = Manager "MGRM" = Managing Member	Litting Will Under 1994	ARY CO
MGRM	ANDY (EVALLOS 1000 TAFT ST PEUGROUL GINES FL	338CH
·		
(Use attachment if necessary)		
ICLE V: Effective date, if other than it effective date is listed, the date must 90 days after the date of filing.)	he date of filing: the specific and cannot be more than f	(OPTIONAL) live leasiness days pri
REQUIRED SIGNATURE:		

Signature of a member or an authorized representative of a member.

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjuny that the facts stated herein are true. 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 a.817.155, F.S.)

Typed or printed name of signee

Pline For:

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

- 3 30,09 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)