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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The 5 Star Prices 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:

(Cathy) Catherine P. Williams
Name of Person

The 5 Star Prices LLC
Firm/Company

4304 Rockingham Rd
Address

Tallahassee, FL 32303
City/State and Zip Code

fsw29@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy Williams at 850, 264-9457
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

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

AMBR

Name and Address:

Cathy (Catherine) P. Williams
9304 Rockingham Rd
Tallahassee, FL 32303

Bonnie P. Cook
1667 Goodwood Dr.
Tallahassee, FL 32308

Marshall Price
202 Schroer Dr.
Byron, GA 31008

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Cathy P. Williams

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.

Cathy P. Williams
Typed or printed name of signer

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)

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TALLAHASSEE, FLORIDA