4/27/22, 12:34 PM

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.

(((H22000152244 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 Phone : (305)444-4994

Fax Number : (305)328-4774

\*\*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. STAR MARKETING AND MANAGEMENT LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

## STAR MARKETING AND MANAGEMENT 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:	Mailing Address:
2900 SW 28 TERRACE STE 501 COCONUT GROVE, FL 33133	SAME

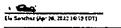
### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

ELA SANCHEZ			
7	lame		
2900 SW 28 TERRACE	STE 501		
Florida street address (I	.O. Box <u>NOT</u> a	cceptable)	
COCONUT GROVE	FL	33133	ن
City	State	Zip	5

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)

2022 APR 27 PM 2: 17

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	ELA SANCHEZ. 2900 SW 28 TERRACF. STE 501 COCONUT GROVE, FL 33133
AMBR	JUAN CARLOS MACIAS 2900 SW 28 TERRACE STE 501 COCONUT GROVE, FL 33133
(Use attachment if necessary)  LE V: Effective date, if other than t	he date of filing: (OPTIONAL)
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Depa	t be specific and cannot be more than five business days prior to or 9  es not meet the applicable statutory filing requirements, this date will not meet of State's records.
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Department. LE VI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or \$\frac{9}{2}\$ cs not meet the applicable statutory filing requirements, this date will not ment of State's records.
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Department of th	t be specific and cannot be more than five business days prior to or 9 ; es not meet the applicable statutory filing requirements, this date will no rtment of State's records.
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Department's effective date on th	t be specific and cannot be more than five business days prior to or 9 es not meet the applicable statutory filing requirements, this date will not rement of State's records.  of a member or an authorized representative of a member. It executed in accordance with section 605.0203 (1) (b), Florida Statutes
EV: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Department's effective date on the Department's Council Signature of This document is a maware that a	es not meet the applicable statutory filing requirements, this date will not retirement of State's records.  of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes my false information submitted in a document to the Department of State is degree felony as provided for in s.817.155, F.S.