

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L22000329543

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.

((H22000251719 3)))



H220002517193ABC\$

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 : LUPA ENTERPRISES INC
Account Number : I20200000050
Phone : (727)298-8007
Fax Number : (727)914-5090

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

Email Address: info@usacorporationservices.com

**FLORIDA LIMITED LIABILITY CO.
FAIALAMA STAR LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

22 JUL 26 AM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JUL 26 PM 12:21
RECEIVED
DIVISION OF CORPORATIONS

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

FAIALAMA STAR LLC

Article II

The street address of principal office of the Limited Liability Company is:

**600 Cleveland Street, Suite 294, Office 454
Clearwater, Florida 33755
United State of America**

The mailing address of the Limited Liability Company is:

**600 Cleveland Street, Suite 294, Office 454
Clearwater, Florida 33755
United State of America**

FILED
22 JUL 26 AM 5:41
SECRETARY OF STATE
TALLAHASSEE, FL 32399

Article III

Other provisions, if any:

Any and all lawful business

Article IV

The name and Florida street address of the registered agent is:

**Lupa Enterprises INC
100 SE 2nd Street Suite 2000
Miami, Florida 33131
United State of America**



Registered Agent's Signature

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..

22 JUL 26 AM 5:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Article V

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

Title: MGR

DEVELOPER MANAGEMENT LLC

Address

600 Cleveland Street,
Suite 294, Office 400
Clearwater, Florida 33755
US

FILED

22 JUL 26 AM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article VI

The effective date for this Limited Liability Company shall be:

07-25-2022

Developer Management LLC

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

DEVELOPER MANAGEMENT LLC

Name of signee

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.

22 JUL 26 AM 5:41
CLERK OF STATE
TALLAHASSEE, FL 32399

FILED