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COVER,LETTEŘ

	ew Filing Section vision of Corporations
SUBJECT	RICHSTARLUXURYCARSALES&RENTALS LLC
SUBJECT	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Jordan Pierre Jeune
	Name of Person
	RICHSTARLUXURYCARSALES&RENTALS LLC
	Firm/Company
	729 Alabama Woods Ln
	Address
	Orlando, FL 32824
	City/State and Zip Code
•	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Jordan Pierre Jeune at (HO7) 800-2576
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
□\$125.00	Filing Fee Scritificate of Status Status Certificate of Status Status Certificate of Status S

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:	
RICHSTARLUXURY	CARSALES&RENTALS LL	
(Must conati	n the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and street add	tress of the principal office of t	he Limited Liability Company is:
	zoso or zne primorpar ornee or i	The Edition Blacking Company is.
<u>Principal</u>	Office Address:	Mailing Address:
729 Alabama Woods I	.n	729 Alabama Woods Ln
Orlando, FL 32824		Orlando, FL 32824
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an ac	annot serve as its own Register	tered Agent's Signature: red Agent. You must designate an individual or
The name and the Florida street ac	dress of the registered agent as	e:
	Jordan Pierre Jeune	
	Name	-
	729 Alabama Woods Ln	
	Florida street address (P.O. B	ox NOT acceptable)

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..

Orlando

City

FL

State

Registered Agent's Signature (REOUIRED)

32824

Zip

(CONTINUED)

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ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Jordan Pierre Jeune
	729 Alabama Woods Ln
	Orlando, FL 32824
	
	
(Use attachment if necessary)	
If the date inserted in this block document's effective date on the Depa	es not meet the applicable statutory filing requirements, this date will not be lurtment of State's records.
CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
\(\frac{1}{2}\)	amoska fautok
Signature	of a member or an authorized representative of a member.
This document is	s executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	any false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S.
Jordan Pic	erre Jeune
<u></u>	Typed or printed name of signee
	Filing Fees;
\$125.00 Filing Fee for Articles	
\$ 30.00 Certified Copy (Option	

as