## L2400 205290

<del></del>	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
	(Business Entity Name)	
<del> </del>	(Document Number)	<del></del>
Certified Copies	Certificates of Status	-
Special Instructions to	Filing Officer:	
		1

Office Use Only



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Star21, LLC			
Please Debit FCA000000003 For: 125			
Thank you Seth Neeley			
140/			
	Art of Inc. File		
	LTD Partnership File		
	Foreign Corp. File		
	L.C. File		
	Fictitious Name File		
	Trade/Service Mark		
	Merger File		
	Art, of Amend, File		
	RA Resignation		
	Dissolution / Withdrawal		
	Annual Report / Reinstatemen	nt	
	Cert. Copy	202	S
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	Certificate of Good Standing_		n
	Certificate of Status	S ~ 7	j
	Certificate of Fictitious Name	- 1/+	
	Corp Record Search		O
/ .	Officer Search		
	Fictitious Search	<del></del>	
Signature	Fictitious Owner Search		
Signature //	Vehicle Search	<del></del>	
	Driving Record		
Requested by:	UCC 1 or 3 File		
Name of the state	UCC 11 Search		
Name Date 1	ime UCC 11 Retrieval	<del>_</del>	
Walk-In Will Pick Up _	Courier		
All Brown a few and Parent and FA 600			

## **COVER LETTER**

	ew Filing Sectivision of Co				
SUBJECT	Star21, l	LC			
			nited Liability Company		
The enclos	ed Articles of	Organization and fee(s) ar	e submitted for filing.		
Please retu	rn all corresp	ondence concerning this ma	atter to the following:		
			Romy B. Jurado		
			Name of Person		
		Jur	ado & Associates, P.A.		
			Firm/Company		
		10800 Bis	scayne Boulevard Suite 850	)	
			Address		
	<del> </del>		Miami, FL 33161		
			ity/State and Zip Code		
-			y@juradolawfirm.com for future annual report notificat		
For further in		oncerning this matter, please	•	,	
		risteiguieta at (3			
	Nan	ne of Person A	rea Code Daytime Telephon	e Number	
Enclosed is	a check for t	he following amount:		E. A.	2021
☑\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy) s enclos	
	New F Divisi P.O. B	ng Address Tiling Section on of Corporations dox 6327 assee, FL 32314	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	ivision A Sassee et, Suite 810	) :

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Star21, L	.LC		
(Must contain	the words "Limited	Liability Compan	y, "L.L.C.," or "LLC."	)
ARTICLE II - Address: The mailing address and street add	ress of the principal o	ffice of the Limite	ed Liability Company i	s:
Principal	Office Address:		Mailing A	Address:
3440 Hollywood Blvd Suite	3440 Hollywood Blvd Suite 415		3440 Hollywood Blvd Suite 415	
Hollywood, FL 33021			Hollywood, FL 33021	
The name and the Florida street ad-	-	Romy B. Jurae	do	_
	40000 D:		:/ 050	_
	10800 Biscayne			_
	Florida street addres		·	
_	Miami,	FL 	33161	_
	City	State	Zip	
laving been named as registered ago				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
· ·	D: 41
MGR	Diego Alexander Gomez Garcia 3440 Hollywood Blvd Suite 415
	Hollywood, FL 33021
MGR	Johnny Daniel Kadena Hirashike
	3440 Hollywood Blvd Suite 415
	Hallywood, FL 33021
·	
	<del>-</del>
	<del> </del>
(If an effective date is listed, the date must be sp the date of filing.)	ne of filing:
ARTICLE VI: Other provisions, if any.	
DEOLUDED CLOVATURE	
REQUIRED SIGNATURE:	ZOZU HA
Signature of a m	nember or an authorized representative of a member.
This document is executed any false.	uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department 6f. State see felony as provided for in s.817.155, F.S.
	nny Daniel Kadena Hirashike
	Typed or printed name of signee

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)

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

ARTICLE IV-

Doc ID: 566d53238ab3ea14b18c3b3e3563494d8d9dc2f1