From: Robert Fanjul 5/9/24, 8:00 AM Fax: 18775036086/



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FANJUL ENTERPRISES LLC

Account Number : I20190000080 Phone : (305)603-8791 Fax Number : (877)503-6086

**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. BLUE STAR ELECTRONIC LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	'ICI	LE.	í -	Nan	ie:

The name of the Limited Liability Company is:

BLUE STAR ELECTRONIC 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:

. To:

Principal Office Address:	Mailing Address:				
15233 SW 152 AVE	15233 SW 152 AVE				
MIAMI, FL 33187	MIAMI, FL 33187				
· · · · · · · · · · · · · · · · · · ·					

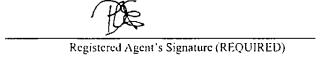
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

PEDRO ANTONIO	ALMIRALL EXPO	SITO
	Name	
5233 SW 152 AVE	•	
Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)
<u> ИАМІ</u>	FL	33187
City	State	Zip
City	State	7

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.



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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 MGR	PEDRO ANTONIO ALMIRALL EXPOSITO 15233 SW 152 AVE MIAMI, FL 33187
(Use attachment if necessary)	
If an effective date is listed, the date must be some date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any.	e of filing:
REQUIRED SIGNATURE:	The source of the contract
This document is executed an aware that any false	nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
	Typed or printed name of signee Filing Fees: rganization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	