

## Florida Department of State

Division of Corporations

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## FLORIDA LIMITED LIABILITY CO.

## FIVE STAR INVESTMENTS GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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TALLAHASSEE, FL

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SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I – Name:**

The name of the Limited Liability Company is:

**FIVE STAR INVESTMENTS GROUP, LLC.**

**ARTICLE II – Address:**

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

**Principal Office Address:**

1840 NW 3<sup>RD</sup> STREET  
MIAMI FLORIDA 33125

**Mailing Address:**

1840 NW 3<sup>RD</sup> STREET  
MIAMI, FLORIDA 33125

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**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

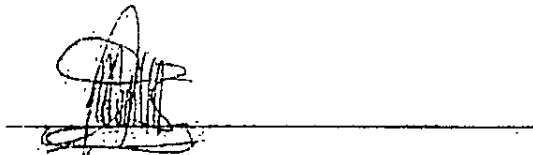
The name and the Florida street address of the registered agent are:

ABEL A. BU  
1840 NW 3<sup>RD</sup> STREET  
MIAMI, FL 33125

**ARTICLE V** – Effective date, if other than the date of filing : ~~October 3<sup>rd</sup>, 2024~~ (Optional)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

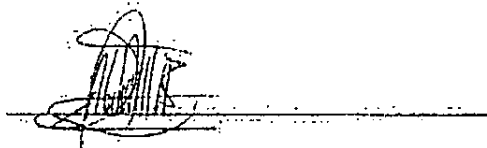
**REQUIRED SIGNATURE:**



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

(In accordance with section 608.408(3), Florida Statutes, the execution

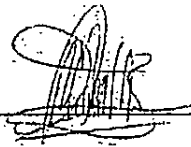
Of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



**ABEL A. BU**

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Having been named as registered agent and to accept service of process for the above state 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 608, F.S..



Registered Agent Signature

**ARTICLE IV – Manager or Managing Member (s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

MGRM

**Name and Address:**

Abel A. Bu  
1840 NW 3<sup>RD</sup> STREET  
MIAMI, FLORIDA 33125

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