

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CORPOLICENSE, INC
Account Number : I20050000118
Phone : (305)774-9606
Fax Number : (305)774-9660

**Enter the email address for this business entity to be used for future
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Email Address: Yanibal 04 @ yahoo.com

FLORIDA LIMITED LIABILITY CO.
FOUR STAR INSTALLATIONS, LLC

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

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2024 OCT -8 PM 2:07
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Changed to
Four Star Flooring, LLC

FILED
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Doc: 45
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Q: 17
17

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October: 8, 2024

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CORPOLICENSE, INC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: FOUR STAR INSTALLATIONS, LLC
REF: W24000137606

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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If you have any further questions concerning your document, please call (850) 245-6052.

Crystal S Hightower
Regulatory Specialist II
New Filings Section

FAX Aud. #: H24000337550
Letter Number: 824A00022216

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
FOUR STAR FLOORING, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

FOUR STAR FLOORING, LLC

ARTICLE II - ADDRESS:

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

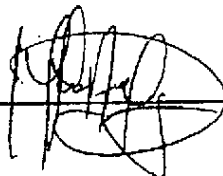
**PRINCIPAL ADDRESS: 2321 NW 10th Avenue # 205
Miami, Florida 33127**

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

The Registered Agent designated is: **YONY DELCID**

**2321 NW 10th Avenue # 205
Miami, Florida 33127**



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.

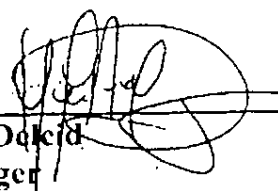
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H 24000 33 7550

ARTICLE IV - Management/Member(s):

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

<u>TITLE:</u>	<u>NAME AND ADDRESS</u>
MGR	YONY DELCID 2321 NW 10th Avenue # 205 Miami, Florida 33127



Yony Delcid
Manager

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10/07/2024

(In accordance with section 605.0201, Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

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