

125000036380
 Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : CA BOOKKEEPING AND PAYROLL SERVICES INC
 Account Number : 120230000067
 Phone : (786)992-1894
 Fax Number : (786)364-1645

****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.
 SUBLIMACION STAR JP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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2025 JAN 29 PM 3:10

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Electronic Filing Menu

Corporate Filing Menu

Help

H25000035005 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUBLIMACION STAR JP LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:10365 NW 30 AVE
MIAMI, FL 33147Mailing Address:10365 NW 30 AVE
MIAMI, FL 33147

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:

PATRICIA CHAVEZ GUTIERREZ

Name

10365 NW 30 AVEFlorida street address (P.O. Box NOT acceptable)MIAMI

City

FL

State

33147

Zip

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.



Registered Agent's Signature (REQUIRED)

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2025 JAN 29 PM 3:10

H25000035005 3

H25000035005 3

ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBRPATRICIA CHAVEZ GUTIERREZ10365 NW 30AVEMIAMI, FL 33147

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing, 01-29-2025 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**
Signature of a member or an authorized representative of a member.This document is executed in accordance with section 605.0203(1)(b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.PATRICIA CHAVEZ GUTIERREZ

Typed or printed name of signer

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