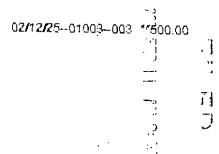
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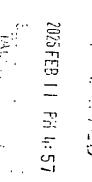
(Requestor's Name)
(Address)
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(Document Number)
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COVER LETTER

TO:	New Filing Sec Division of Co	ction rporations				
SUBJEC		260 ST 102 LLC				
SUBJEC	1	Name of L	imited Liab	ility Company		
The enclo	sed Articles of	Organization and fee(s)	are submitte	ed for filing		
		ondence concerning this i		·		
	Luis Eugeni					٠. ٥
			Name (of Person		; —;
	Regal Tax A	dvisory Group				i i
			Firm/C	Company		;
	1500 NW 89	9th Ct Ste 106				٦:
		<u> </u>	Ado	dress		्र. इ.
	Doral Florid	a 33172				1
			City/State a	and Zip Code		
	luis@regaltax	i.us				
	1	E-mail address: (to be use	d for future	annual report notificat	ion)	
or further	information co	ncerning this matter, plea	ise call:			
	Luis Eugenio		305	6038310		
	Nam	·- 	Area Code		c Number	
Enclosed i	s a check for t	he following amount:				
) Filing Fee	□S130.00 Filing Fee & Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	New F Divisio P.O. B	ig Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	ossee et, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ST 102 LLC		
(Mus	t contain the words "Limited Liab	bility Company, "L.	.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and st	reet address of the principal offic	e of the Limited Liz	ability Company is:
<u>Pr</u>	incipal Office Address:		Mailing Address:
1500 N/V 80TF	I CT STE 106	1500 N	W 89TH CT STE 106
1300 11 11 07 11			
ARTICLE III - Registere The Limited Liability Conmother business entity with	d Agent, Registered Office, & F	Registered Agent's gistered Agent. You	L FL 33172 s Signature: u must designate an individual or
ARTICLE III - Registere The Limited Liability Con mother business entity with	d Agent, Registered Office, & Finpany cannot serve as its own Reth an active Florida registration.)	Registered Agent's gistered Agent. You ent are:	s Signature: u must designate an individual or
ARTICLE III - Registere The Limited Liability Con mother business entity with	d Agent, Registered Office, & Finany cannot serve as its own Regh an active Florida registration.) street address of the registered agentical REGAL TAX & BUSIN	Registered Agent's gistered Agent. You ent are:	s Signature: u must designate an individual or
ARTICLE III - Registere The Limited Liability Con mother business entity with	d Agent, Registered Office, & Finany cannot serve as its own Regh an active Florida registration.) street address of the registered agentical REGAL TAX & BUSIN	Registered Agent's gistered Agent. You ent are:	s Signature: u must designate an individual or
ARTICLE III - Registere The Limited Liability Con mother business entity with	d Agent, Registered Office, & Finpany cannot serve as its own Registration.) an active Florida registration.) street address of the registered agency REGAL TAX & BUSIN	Registered Agent's gistered Agent. You ent are: ESS SOLUTIONS ame	s Signature: u must designate an individual or
ARTICLE III - Registere The Limited Liability Con mother business entity with	d Agent, Registered Office, & Finpany cannot serve as its own Regh an active Florida registration.) street address of the registered agenticated agent	Registered Agent's gistered Agent. You ent are: ESS SOLUTIONS ame	s Signature: u must designate an individual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGRM	THE FIREWORKS REVOCABLE LIVING TRUST 1500 NW 89TH CT STE 106 DORAL FLORIDA 33172
V: Effective date, if other than the d	ate of filing:
V: Effective date, if other than the detive date is listed, the date must be filing.) the date inserted in this block does not ent's effective date on the Department.	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not
tive date is usted, the date must be filing.)	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not
V: Effective date, if other than the detive date is listed, the date must be filing.) the date inserted in this block does not ent's effective date on the Department. VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records.
CV: Effective date, if other than the detive date is listed, the date must be filing.) the date inserted in this block does not ent's effective date on the Department's effective date on the Department's UI: Other provisions, if any. SEQUIRED SIGNATURE: Signature of a This document is exert am aware that any ferrores.	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records.
CV: Effective date, if other than the detive date is listed, the date must be filing.) the date inserted in this block does not ent's effective date on the Department's effective date on the Department's UI: Other provisions, if any. SEQUIRED SIGNATURE: Signature of a This document is exert am aware that any ferrores.	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes. alse information submitted in a document to the Department of State provided for in s.817.155, F.S.

ARTICLE IV-