CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

x Star Holdings LLC

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Signature Requested by: Vame Date Time	-11/02/0001028004
Walk-In Will Pick Up	UCC 11 Retrieval

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SIX STAR HOLDINGS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 319 CLEMATIS STREET, SUITE 703

WEST PALM BEACH, FLORIDA 33401

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

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

JIM ACTIS 319 CLEMATIS STREET, SUITE 703 **WEST PALM BEACH** 33401 City, State, and 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 kegistered agent as provided for in Chapter 608, F.S..

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

> (An additional article must be added if an el ive date is requested)

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 penaltics of perjury that the facts stated herein are true.)

JIM ACTIS, MEMBER

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization 25.00 Designation of Registered Agent 30.00 Certified Copy (OPTIONAL)
5.00 Certificate of Status (OPTIONAL)