FIVE Star Properties, UC Requester's Name 1141 South Bogers Considered Address Suite 8 City/State/Zip Phone # BOCA RATON, FL 336	
1. COT SG - OOU 33 - OOU 7 (Corporation Name)	ENT NUMBER(S), (if known): W-20940 700034435472 -10/30/0001093003
2(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4(Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) Certified Copy Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION DISSOLUTION PROPERTY OF STA
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner's Initials





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 3, 2000

FIVE STAR PROPERTIES, LLC 141 SOUTH ROGERS CIRCLE, SUITE 8 BOCA RATON, FL 33487

SUBJECT: FIVE STAR PROPERTIES, LLC

Ref. Number: W00000026448

We have received your document for FIVE STAR PROPERTIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Letter Number: 700A00057218

Michelle Hodges **Document Specialist**

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•	
ARTICLE I - Name: The name of the Limited Liability Company 3:	
FIVE STAR PROPERTIES, LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Continuous	
The name and the Florida street address of the registered agent are:	
PATRICIA KUKES Name 1141 SouTH ROGERS CIRCLE— Florida street address (P.O. Box NOT acceptable), DOCA RATON, FL J2487 City, State, and Zip	SUITE #8
Having been named as registered agent and to accept service of process for the above stellability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608, Registered Agent's Signature	ent as visions of all with and
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more manage therefore, a manager - managed company. (An additional article must be added if an effective date is requested)	ers and is,
Signature of a member or an authorized representative of a member.	5
(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.) Typed or printed name of signee Filing Fees: \$100.00 Filing Fee for Articles of Organization	SECRETARY OF STATE DIVISION OF CORPORATION OF CORPORATION
\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	CI SE