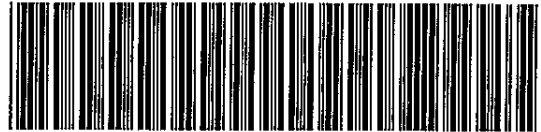


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: STAR & ROEBUCK, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROXANNE de l'ETOILE
(Name of Person)

STAR & ROEBUCK, LLC
(Firm/Company)

616-112 CHESTNUT OAK CIRCLE
(Address)

ALTAMANTE SPRINGS, FLORIDA 32701
(City/State and Zip Code)

For further information concerning this matter, please call:

ROXANNE de l'ETOILE at (407) 975-0882
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED

04 JAN 14 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

STAR & ROEBUCK, LLC

ARTICLE II - Address:

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

Principal Office Address:

616-112 CHESTNUT OAK CIRCLE
ALTAMONTE SPRINGS, FLORIDA
32701

Mailing Address:

P.O. Box 1888
WINTER PARK, FLORIDA
32790-1888

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

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

GREGORY K. ROEBUCK

Name

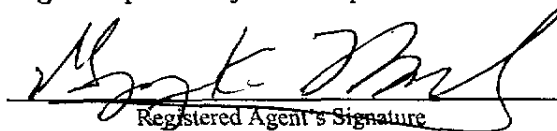
401 SQUIRREL TRAIL

Florida street address (P.O. Box **NOT** acceptable)

LONGWOOD FLORIDA 32779

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 registered agent as provided for in Chapter 608, Florida Statutes..



Registered Agent's Signature

FILED

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows: STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

ROXANNE DE L'ETOILE

616-112 CHESTNUT OAK CIRCLE

ALTA MENTE SPRINGS, FL 32701

MGR

GREGORY K. ROEBUCK

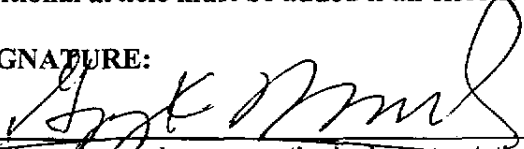
401 SQUIRREL TRAIL

LONGWOOD, FLORIDA 32779

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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

GREGORY K. ROEBUCK

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)