

L04000028927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

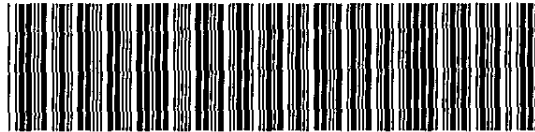
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200030212092

FILED
04 APR 15 PM 3:48
SOUTH FLORIDA
TALLAHASSEE, FLORIDA

04/15/04 --01029--025 **125.00

Handwritten signature

RECEIVED
04 APR 15 PM 11:47
DATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

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

Five Star Group, LLC

FILED
04 APR 15 PM 3:48
TALLAHASSEE, FLORIDA

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
☒ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
☒ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**ARTICLES OF ORGANIZATION
OF
FIVE STAR GROUP, LLC**

FILED
04 APR 15 PM 3:48
TALLAHASSEE, FLORIDA
STATE

The undersigned as Organizer of limited liability company having two or more members pursuant to the Florida Limited Liability Company Act adopts the following Articles of Organization.

- 1. Name.** The name of the limited liability company is **FIVE STAR GROUP, LLC**.
- 2. Duration.** This limited liability company shall have perpetual existence from the date of filing of these Articles of Organization with the Department of State, unless sooner terminated as provided in the Operating Agreement.
- 3. Principal Place of Business.** The mailing address and its principal place of business is 210 SW Whitewood Drive, Port St. Lucie, FL 34953.
- 4. Registered Agent & Office.** The name of its registered agent, whose Consent to Appointment as Registered Agent accompanies these articles, is Robert V. Schwerer, Esquire, and the address of the registered office is 515-519 South Indian River Drive, Fort Pierce, FL 34950.
- 5. Management.** This limited liability company shall be managed by a member or its members and, therefore, is a member-managed company. The initial managing member is Ram S. Arya of 210 SW Whitewood Drive, Port St. Lucie, FL 34953, and additional managing members may be subsequently designated by the members.
- 6. Admission of Additional Members.** Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the manager.
- 7. Amendment of Articles.** These articles may be amended only by a unanimous vote of the members.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 14 day of April, 2004.



RAM S. ARYA, ~~MANAGING MEMBER/~~
MEMBER

**CONSENT TO
APPOINTMENT AS REGISTERED AGENT**

I, Robert V. Schwerer, Esquire, accept the appointment as registered agent and state that I am familiar with the duties as agent.

DATE: April 14, 2004.



ROBERT V. SCHWERER, ESQUIRE