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LLOYD GRANET PA

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**Florida Department of State
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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : LLOYD GRANET

Account Number : 074632001025

Phone : (561) 999-9300

Fax Number : (561) 999-9400

LIMITED LIABILITY COMPANY

FIVE STAR JONES LLC

Certificate of Status	0
Certified Copy	1
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605-AP004695-2

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Florida Dept of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 18, 2005

FIVE STAR JONES LLC
95 FOREST AVENUE
LOCUST VALLEY, NY 11560

SUBJECT: FIVE STAR JONES LLC
REF: W05000034078

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The designation of the registered agent must be at a Florida street address.

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) 245-6913.

Diane Cushing
Document Specialist

FAX Aud. #: W05000171521
Letter Number: 605A00046952

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DIVISION OF CORPORATIONS

Fax Audit: H05000171521 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the limited liability company is:

FIVE STAR JONES LLC

ARTICLE II - Address:

The mailing and street address of the principal office of the limited liability company is:

**95 FOREST AVENUE
LOCUST VALLEY, NY 11560**

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

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

**TERRI KEOGH
5850 NW 75th AVENUE
OCALA, FL 34482**

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F. S.


By: Registered Agent's Signature

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).


Signature of a member or an authorized representative of a member

Terri Keogh
Typed or printed name of signer

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