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DEPARTIENT OF STATE SECRETARY OF STATE OF STATE

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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: SARAH STRO, LLC (Name of Limited Liability Company)
	(Name of Limited Liability Company)
The end	losed Articles of Organization and fee(s) are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	GLORIA P. HULMES
·	(Name of Person)
	To the second se
•	(Firm/Company)
	5987 HEARTLAND CIRCLE
•	(Address)
	TALLAHASSEE FL 323/3
	(City/State and Zip Code)
For fur	her information concerning this matter, please call:
2111	(Name of Person) at (410) 868 7100 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	ed is a check for the following amount:
X 1 \$125	.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	C	L	E	I	-	N	a	m	e	:
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The name of the Limited Liability Company is:

SARAH STAR, 22C

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.

ARTICLE II - Address:

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

Principal Office Address:

TALLAHASSEE, FL 32313 5987 HEART LAND CITCLE
TALLAHASSEE, FL 32313

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

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

2:11iq Price Wesley
Name 2300 MONACO DR.

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

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

5987 HEARTION & CIRCLES TALLA HASSEE FL 32913
5987 HEARTIAN (CE) 3
TALLAHASSE FL 32913
5987 HEART AND CIRCLEST TALLAHASS SE FL 323/37
TALLAHASS ER FL 323 3
of filing: 6/4/2007 . (OPTIONAL

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

li Pria Wesley, EsquirE 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.)

21212 PRICE WESLEY, ATTORNEY

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)