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**Florida Department of State  
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**To:**  
Division of Corporations  
Fax Number : (850)205-0383

**From:**  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**five star management service llc**

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**ARTICLES OF ORGANIZATION  
OF  
FIVE STAR MANAGEMENT SERVICE LLC  
A Florida Limited Liability Company**

**ARTICLE I-NAME**

The name of the Limited Liability Company is:

**FIVE STAR MANAGEMENT SERVICE LLC**

**ARTICLE II-ADDRESS:**

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

**PRINCIPAL OFFICE ADDRESS:**

17570 Atlantic Blvd. #214 Sunny Isles Beach, FL 33160

**MAILING ADDRESS:**

17570 Atlantic Blvd. #214 Sunny Isles Beach, FL 33160

**ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:**

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

**CESAR LINARES**  
(NAME)

**17570 ATLANTIC BLVD#214**  
FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

**SUNNY ISLES BEACH, FL 33160**  
CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THIS 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 SIGNATURE

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**ARTICLE IV-MANAGEMENT/MEMBER(S):**

The name(s) and address (es) of each Manager or Managing Member is as follows:

Title:

Name and address:

MGR= Manager

MGRM= Managing Member

MGR= CESAR LINARES,

17370 ATLANTIC BLVD, #214 SUNNY ISLES BEACH FL 33160.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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 606.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CESAR LINARES**

Typed or printed name of signer

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