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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
Fax Number : (813) 229-1660

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

Giovane Five Star, LLC

Certificate of Status	1
Certified Copy	0
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**EXAMINER**

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is GIOVANE FIVE STAR, LLC.

**ARTICLE II – Address:**

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

4913 West Waters Avenue  
Tampa, Florida 33634

**ARTICLE III – Management:**

The Limited Liability Company is to be managed by one or more managers. The initial managers shall be Robert A. Mahaney and Victor A. Conte.

IN WITNESS WHEREOF, I have signed these Articles of Organization as a member and acknowledged them to be my act this 30<sup>th</sup> day of January 2008.



**Signature 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.)

Guerryson Torres

**Typed or printed name of signee**

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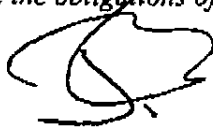
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is GIOVANE FIVE STAR, LLC.
2. The name and the Florida street address of the registered agent are:

J. Todd Timmerman  
Shumaker, Loop & Kendrick, LLP  
101 E. Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

*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.*



\_\_\_\_\_  
Signature

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