## 10000071447

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EFFECTIVE DATE 7/1 10



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07/06/10--01025--017 ..\*\*125.00



D. BRUCE

JUL 07 2010

**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co					
SUBJI	CT: FIVE	STAR TRAINING Name of Limit	G CENTER LLC led Liability Company			
The en	closed Articles	of Organization and fee(s) are	submitted for filing.			
Please	return all corres	pondence concerning this mat	ter to the following:			
	S	ARAH L. HICKS				
			Name of Person	<i>i</i> ;		
	Firm/Company					
	665 MARSHBURN DR.					
			Address	Trans.		
	1	BRONSON	FL 32621 ty/State and Zip Code			
		spintawin a	att not	A555		
•		E-mail address: (to be used	att.net for future annual report notification)			
For fur	ther information	concerning this matter, pleas		TASSE, FLORIDA		
Sarah Hicks Name of Person		CKS of Person	at (352) 486-3 Area Code & Daytime Telep	1525 B		
Enclos	sed is a check f	or the following amount:				
<b>⊠</b> \$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rele		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company," the abbre "LLC.")	eviation "L.L.C.," or the designation			
ARTICLE II - Address: The mailing address and street address of the prin Liability Company is:	cipal office of the Limited			
Principal Office Address:	Mailing Address:			
2973 NE HWY 27 CHIEFLAND, FL 32426	2973 NE HWY 27 CHIEFLAND ,FL 32626			
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:    Sarah L. Hcks				

(CONTINUED)
Page 1 of 2

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

Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 7/1 10

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
Marm	JACK C. HICKS III 2973 NE HWY 27 CHIEFLAND FL 32626				
	(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the date of filing: 1 2010 (OPTIONAL)  (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)					
REQUIRED SIGNATURE:					
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.)					
JACK C. HICKS I 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)

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

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