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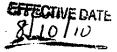
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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N. Owener AUG 1 6 2010

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Under the	e Sters, LLC
Name of Limited Lial	pility Company
The enclosed Articles of Organization and fee(s) are submit	ted for filing.
Please return all correspondence concerning this matter to the	ne following:
Shrdy Harshl	of Person
	this , LLC
Firm/o	Company
7020 Berton	· Dr
Ac	ldress
Phrana City	Pl 32404 and Eip Code
E-mail aldress: (to be used for futur	ology net
For further information concerning this matter, please call:	Grand Grand Medical
To tutule information concerning this matter, prease can.	
Shody Harshberger at (Area Code & Daytime Telephone Number
Name of Person	Area code de Baytime Telephone Planton
Enclosed is a check for the following amount:	
Certificate of Status C	55.00 Filing Fee & \$160.00 Filing Fee, certified Copy Certificate of Status & Certified Copy
	(additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Under the Star	5, LLC
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7020 Benton Dr Panana City Fl Zayoy	7020 Berton Dr Panana City, Fl 32404
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are: ABARY CAETARY SEE CAETARY CAETA

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..

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

Phase Ch FL 32404

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

والمعارب المعارب

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MCKM – Managing Member	
MGR	Sandy Hersherger
	702 Benton De
	Phone City FI 32404
MCRM	Brent Harshberger
	7020 Benton De
	Phohae City FI 32404
	·
 	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	date of filing: Aug 10, 2010 (OPTIONAL)
(If an effective date is listed, the date must be	e specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	Fig. 5
	AUG FLLAH
REQUIRED SIGNATURE:	
	FILE TARY TASSE
	E E E
Signature of a member	r or an authorized representative of a member.
_	r or an authorized representative of a plember. tion 608.408(3), Florida Statutes, the execution
(In accordance with second this document constitution of this document constitution)	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
that the facts stated here	ein are true.)
34.	ody HarshSarger
Туţ	ped 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)