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| Special Instructions to Filing Officer: |
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Office Use Only



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J. SAULSBERRY EXAMINER JAN 14 2011

COVER LETTER

| TO: | Registration Section Division of Corporations | |
|------------------|---|----------|
| SUBJE | CT: STARR Real Estate + Development, LLC Name of Limited Liability Company | |
| The enc | losed Articles of Organization and fee(s) are submitted for filing. | |
| Please re | eturn all correspondence concerning this matter to the following: | |
| _ | Allison K. Forbes | |
| | Name of Person | |
| | Firm/Company | |
| _ | 8747 Navarre PKwy, Suite 401 | |
| | Navarre, FL 32566 | <u> </u> |
| _ | Allison K Forbes@amail.com | |
| For furt | her information concerning this matter, please call: | P |
| | Name of Person at (950) 1699 - 0016 Area Code & Daytime Telephone Number | ى م |
| Enclose | ed is a check for the following amount: | |
| \$125.00 Lady | Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | s & |
| | 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Development, LLC |
|---|
| Company, "L.L.C.," or "LLC.") |
| cipal office of the Limited Liability Company is: |
| Mailing Address: |
| same |
| |
| office, & Registered Agent's Signature: d Agent. You must designate an individual or another distered agent are: Or bes Pkwy Surk 40 Pkwy Surk 40 Pkwy Surk 40 Pkwy Signature: Or bes Pkwy Surk 40 Pkwy Signature: Or bes Pkwy Signature: Or |
| cept service of process for the above stated limited certificate, I hereby accept the appointment as I further agree to comply with the provisions of all ormance of my duties, and I am familiar with and |
| |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

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

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

| "MGR" = Manager | |
|--|--|
| "MGRM" = Managing Member | |
| MGR | Jamie V. Forkes ITT |
| | 8747 Novarre PKing. Suite 401 |
| MADM | All'say K Fachos |
| 1119/11 | 8747 Navarre Pkury, Suite 401 |
| | Navarre, FL 32566 |
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| (Use attachment if necessary) | |
| (Use attachment if necessary) LE V: Effective date, if other than th | ne date of filing:(OPTIONAL |
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| LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memical content of the fective date is listed, the date must days after the date of filing.) | be specific and cannot be more than five business days When the specific and cannot be more than five business days When t |
| LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 60 constitutes an affirmation und I am aware that any false info | be specific and cannot be more than five business days When the property of a member of this document der the penalties of perjury that the facts stated herein are true. |
| LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 60 constitutes an affirmation und I am aware that any false info | be specific and cannot be more than five business days When the property of a member of a |

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)