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**EXAMINER** 



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DEPARTICLY OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

RECEIVED

SECRETARY OF STATE OIVISION OF CORPORATIONS



ACCOUNT NO. : I2000000195 REFERENCE: 784765 AUTHORIZATION : COST LIMIT : ORDER DATE: May 20, 2011 ORDER TIME : 10:29 AM ORDER NO. : 784765-005 CUSTOMER NO: 4328092 DOMESTIC FILING 3 STAR OF CENTRAL FLORIDA, NAME: LLC. EFFECTIVE DATE: XX \_\_\_\_ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX \_\_\_\_ PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CONTACT PERSON: Troy Todd - EXT. 2940

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3 STAR OF CENTRAL FLORIDA, I	JLC.
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(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

Principal Office Address:	. Mailing Address:
5700 Horatio Street	5700 Horatio Street
Utica, New York 13502	Utica, New York 13502

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:

Corporation	Service Company
	Name
1201 Hays S	reet
_	Florida street address (P.O. Box NOT acceptable)
Tallahassee	FL 32301
	City, State, and Zip

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.

By: JOHN H. PELLETIER

Registered Agent's Signature (REQUIRED) ASST. VICE PRESIDENT

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MOIGHT - MISTISPING MICH	
MGRM	Enessa M. Carbone
	5700 Horatio Street
	Utica, New York 13502
	·
MGRM	Joseph A. Carbone
	5700 Horatio Street
	Utica, New York 13502
MGRM	Alexander E. Carbone
MORM	5700 Horatio Street
	Utica, New York 13502
	·
(Use attachment if necessary	)
	•
LEV: Effective date, if other	than the date of filing: (OPTIO
fective date is listed, the date	than the date of filing: (OPTIO e must be specific and cannot be more than five business
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LE V: Effective date, if other fective date is listed, the date days after the date of filing.  REQUIRED SIGNATURE  Signature of	than the date of filing: (OPTIO e must be specific and cannot be more than five business)  a member or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution of this document
LE V: Effective date, if other fective date is listed, the date days after the date of filing.  REQUIRED SIGNATURE  Signature of (In accordance with seconstitutes an affirms	than the date of filing: (OPTIO e must be specific and cannot be more than five business.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: