Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002461573)))



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Division of Corporations

Fax Number : (850)617-6383

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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Phone: (305)552-5973
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO. STAR QUALITY HOTEL, LLC

Certificate of Status 1
Certified Copy 0
Page Count 03
Estimated Charge \$130.00

H DOT LI AM S: 09
SECRETARY OF STATE

J. BRYAN

OCT 1 2 10/10/2011 3:30 PM

EXAMINER

H11000246157

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
Star Quality Hotel, LLC 323
(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1395 SE 8 Ct- 1395 SE 8ct
Hialeah, FL 33010 Hialeah, FL 33010
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:
Julio del Rey
1395 S.E. 8C+
Florida street address (P.O. Box NOT acceptable)
Healeah FL 33010
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGRM	Julio del Rey 33010 20 30 3010 2
	n the date of filing: (OPTIONAL
LE V: Effective date, if other tha	•
LE V: Effective date, if other tha fective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE:	•

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)