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COVER LETTER

TO:

Registration Section

Di	vision of Corporations		
SUBJECT:	STAR MOBILE SERVICES LLC		
SUBJECT	Name of L	imited Liabilit	y Company
The enclose	d Articles of Organization and fee(s)	are submitted f	or filing.
Please retur	n all correspondence concerning this	matter to the fo	llowing:
	JOHN STARLING		
		Name of F	erson
	STAR MOBILE SERVICES LLC		
		Firm/Con	pany
	20202 QUARTERLY PARKWAY		
		Addre	SS
	ORLANDO FL 32833		
		City/State and	Zip Code
-	E-mail address: (to be us	ed for future ar	nual report notification)
For further in	formation concerning this matter, ple	ase call:	
	JOHN STARLING	407	466-1133
•	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	LCertifie	\$160.00 Filing Fee, d Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314] [(Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The state of the s

ARTICLE I - Name:

The name of the Limited Liability Company is:

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STAR MOBILE SERVICES LLC

SECRETARY OF STATE

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") TALLAHASSEE FLORIDA

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
20202 QUARTERLY PARKWAY	20202 QUARTERLY PARKWAY
ORLANDO FL 32833	ORLANDO FL 32833

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:

John Stavling

Name

20202 Quarterly PKW

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

Ovlando Fl 32833

City State 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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMGR	JOHN STARLING
AWOK	20202 QUARTERLY PARKWAY
	ORLANDO FL 32833
mar	Janice Starling
	DVI and FI 32832
	UVI CANCEL TI SPOSS
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(Use attachment if necessary)	
(Use attachment if necessary)	
CLE V: Effective date, if other than the	date of filing: (OPTIONAL)
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CLE V: Effective date, if other than the deffective date is listed, the date must be set of filing.) If the date inserted in this block does not cument's effective date on the Departm CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is ex	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list ent of State's records.

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)