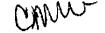
https://efile.sunbiz.org/scripts/efilcovr.exc



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To:

Division of Corporations

Fax Number

: (850)617-6381

Own

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

FLORIDA LIMITED LIABILITY CO.

Five Star Franchises FL, LLC

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

SECRETARY OF STATE

FEB 2 2 2017

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Corporate Filing Menu

Help

C Kinsey

ARTICLESOF	ORGANIZATION FOR PL	ORIDA LIMITED	LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability	y Company is:			
FIVE STAR FRANC	HISES FL. LLC			
(Must comb	in the words "Limited Lie	bility Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	Idreas of the principal offi	ce of the Limited	Liability Company is:	
Princip:	l Office Address:		Mailing Addres	£
1720 Highway 34, St	rite 16	1720	Highway 34, Suite 16	
Farmingdale, NJ 077	27		ingdale, NJ 07727	
The name and the Florida street:	Corporate Creations No	•		
	11380 Prosperity Farm	• Pood #2215		
	Florida street address (ceptable)	
	Palm Beach Gardens	Florida	33410	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	I hereby accept the appoint ovisions of all statutes rela ligations of my position as	timent as registere ting to the proper	d agent and agree to act in i and complete performance to a grovided for in Chapter 6th	this capacity. I of my duties, and I
	Registere	d Agent's Signal	re (REQUIRED)	

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Outer 7 Namel ton
AMBR	Brian I. Venables 1720 Highway 34, Suite 16
	Farmingdale, NJ 07727
	740 Markages, 143 07 721
MGR	Brian J. Venables
	1720 Highway 34, Suite 16
	Farmingdale, NJ 07727
BV: Effective date, if other than the date sective date is listed, the date must be spot filing.)	erith noin furning the diffe cum tone determine and a beaut of a . >-
of filing,)	neet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date sective data is listed, the date must be sp of filing.) The date inserted in this block does not to ment's offective date on the Department	neet the applicable statutory filing requirements, this date will no
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E V: Effective date, if other than the date sective data is listed, the date must be sp of filing.) the date inserted in this block does not the ment's offective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE Senature of a ment's date of the date of the date in the date of the	neet the applicable statutory filing requirements, this date will no of State's records.
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EV: Effective date, if other than the date sective data is listed, the date must be spot filling.) The date inserted in this block does not a ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE Signature of a m This document is execut I am aware that any false constitutes a third degree.	eroberior an authorized representative of a member, the date with no of State's records. The state of a member of a member, the disaccordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State is felony as provided for in s.817.155, F.S.