

M23000003060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

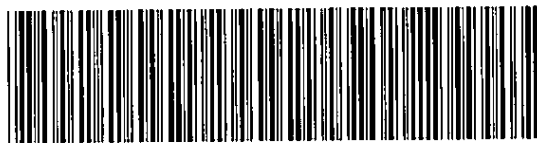
(Document Number)

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Special Instructions to Filing Officer:

W23-21671

Office Use Only



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02/03/23--01028--006 \*\*160.00

2023 MAR -2 AM 9:45

RECEIVED  
AND  
FILED

MAR 11 2023

K. Brumbley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2023

JULIE KOPPEN  
548 HIGHLAND AVE.  
DUNEDIN, FL 34698

SUBJECT: STARBOARD WAY PROPERTIES, LLC  
Ref. Number: W23000021671

*Note, we have added  
the complete name  
of the trust on the  
second page.  
Done by  
Julie M. Koppen  
2-24-2023*

We have received your document for STARBOARD WAY PROPERTIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The persons and/or business listed as the "MBR" is cutt off. Also, if it is in fact 2 different individuals as the MBR them please either list them in their own block or if they are the same person as the managers that are listed all you need to do is mark the box for MBR next to that persons name as well as manager..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 023A00003830

RECEIVED  
MAR 02 2023



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Starboard Properties, LLC (as registered in Missouri)
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Starboard Way Properties, LLC (in Florida)

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Missouri 92-1779755
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4348 Wyoming St. Kansas City, MO 64111
(Street Address of Principal Office)
6. 4348 Wyoming St. Kansas City, MO 64111
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Julie Koppen
Office Address: 548 Highland Avenue
Dunedin, Florida 34698
(City) (Zip code)

2023 MAR -2 AM 9:45
FILED

Registered agent's acceptance:
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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Julie Koppen
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: James C. Gottsch and Julie M. <del>R</del> <i>Koppen Joint Living Trust</i>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 4348 Wyoming St. _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Kansas City, MO 64111 _____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: Julie Koppen _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 4348 Wyoming St. _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Kansas City, MO 64111 _____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: James Gottsch _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 4348 Wyoming St. _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Kansas City, MO 64111 _____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

*Julie Koppen*  
Signature of an authorized person

Julie Koppen  
Typed or printed name of signer

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

CORPORATION DIVISION  
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

*Starboard Properties, LLC*  
*LC014431272*

was created under the laws of this State on the 10th day of January, 2023, and is active, having fully complied with all requirements of this office

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 12th day of January, 2023.

  
Secretary of State



Certification Number CERT-01122023-0120