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(Re	equestor's Na	ame)		
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(Cit	ty/State/Zip/F	hone #)		
PICK-UP	☐ WAI	Τ	MAIL	
(Bı	isiness Entit	y Name)		
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Certified Copies	Certifi	cates of	Status	
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TRANSMITTAL LETTER

TO:

Registration Section

Divis	sion of Co	rporations			
SUBJECT:	Star Des	stination Investments LLC			
			d Liability Company)		
The enclosed	Articles of	Organization and fee(s) are s	ubmitted for filing.		
Please return a	all corresp	ondence concerning this matte	er to the following:		
	An	n M. Floyd			
		(1	Name of Person)		
	Dun	lap & Seeger, P.A.			
		(Firm/Company)		
	PΟ	Box 549			
			(Address)		
	Roch	ester MN 55903-0549	State and Zip Code)		
For further inf	ormation o	concerning this matter, please	call:		
Ann M. Floyd			at (507) 285-4230		
	(Name	of Person)	(Area Code & Daytime Te	elephone Number)	
Enclosed is a	check for	r the following amount:			
☐ \$125.00 Fil	ling Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ense ome
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399		MAILING AI Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection TO		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Star Destination Investments LLC	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10065 Emerald Coast Parkway	3125 Wellner Drive NE
Suite A-101	Rochester MN 55906
Destin FL 32550	
The name and the Florida street address of the response to the	
	ress (P.O. Box <u>NOT</u> acceptable)
Destin FL 32550	FL
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as to. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 508, F.S. Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Daniel J. Fitzpatrick 3125 Wellner Drive NE Rochester MN 55906
(Use attachment if necessary)	
NOTE: An additional article must be a REQUIRED SIGNATURE:	added if an effective date is requested.
DISPH	an authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury a are true.)
Daniel E. Berndt Typed o	or printed name of signee
Filing Fees: \$125.00 Filing Fee for Articles of Organizat of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	tion and Designation