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EXAMINER
MAR 15 2011

K. RAY PINKSTAFF, P.C.

ATTORNEYS AT LAW

FIVE HANNA PLACE OFFICE PARK, SUITE 6000 PO Box 31408 Knoxville, Tennessee 37930-1408

FACSIMILE (865) 690-7806

K. RAY PINKSTAFF

WRITER'S DIRECT DIAL (865) 690-7430

March 9, 2011

Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

RE: STARBOARD FLORIDA I, LLC

STARBOARD FLORIDA II, LLC STARBOARD FLORIDA III, LLC

Dear Sir:

Enclosed please find the Articles of Organization for the above-referenced limited liability companies. Please accept this document for filing and return the approved Articles to me at your earliest convenience to the address listed above. Also enclosed are checks in the amount of \$130 each for the filing fee.

Please feel free to contact me if you have any questions. Thank you for your assistance in this matter.

Sincerely yours,

K. Ray Pinkstaff

KRP/ndw Enclosures

COVER LETTER

_	ition Section of Corporations
_{SUBJECT:} St	arboard Florida I, LLC
	Name of Limited Liability Company
The enclosed Arti	cles of Organization and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
K. Ra	y Pinkstaff
<u></u>	Name of Person
K. Ra	y Pinkstaff, PC
	Firm/Company
РО В	ox 31408
	Address
Knoxvi	lle, TN 37930
	City/State and Zip Code
ray@pi	nkstafflaw.com E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
roi futulei intoin	nation concerning this matter, please can:
Ray Pinksta	at (
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a ch	eck for the following amount:
\$125.00 Filing Fe	te \$130.00 Filing Fee & Status Certificate of Status Certified Copy
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:
Starboard Florida I, LLC	
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
400 Alton Road, 3104 Miami Beach, FL 33139	PO Box 31408 Knoxville, TN 37930
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
John M. Jansheski Na	me E
400 Alton Road	
	address (P.O. Box NOT acceptable)
Miami Beach	FL 33139 元 元
City	, State, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S.
Registered Agent's Sig	grature (REQUIRED)

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

IIMCDII - Managan	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	John M. Jansheski
	400 Alton Road, 3104
	Mlami Beach, FL 33139
(I)	
(Use attachment if necessary) LE V: Effective date, if other than ffective date is listed, the date mu	n the date of filing: (OPTIONA
LE V: Effective date, if other than	n the date of filing: (OPTIONA ast be specific and cannot be more than five business day
LE V: Effective date, if other than ffective date is listed, the date mu days after the date of filing.)	n the date of filing: (OPTIONAlist be specific and cannot be more than five business day
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LE V: Effective date, if other than ffective date is listed, the date mut days after the date of filing.) REQUIRED SIGNATURE: Signature of a median constitutes an affirmation I am aware that any false in the constitutes are signature.	ist be specific and cannot be more than five business da
LE V: Effective date, if other than ffective date is listed, the date mut days after the date of filing.) REQUIRED SIGNATURE: Signature of a median constitutes an affirmation I am aware that any false in the constitutes are signature.	ember or an authorized representative of a member. In 608.408(3), Elorida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

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)