Division of Corporations Florida Department of

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

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. Starboard LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

	gistration Section vision of Corporations
SUBJECT:	Sturboard LLC
0000201.	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(a) are submitted for filling.
Please rotun	n all correspondence concerning this matter to the following:
	Jeffrey W. Roberts
•	Name of Person
	Nutter McClennen & Fish LLP
•	Firm/Company
	155 Seaport Boulevard
•	Address
_	Boston, MA 02210
jī	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further in	Formation concerning this matter, please call:
-	at () Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Pili	ng Fee \$130.00 Filing Fee \$\$ \$155.00 Filing Fee \$\$ Certificate of Status \$ Cer

Malling Address
New Filing Section
Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tullahassee, FL 32301

16 NOV 30 PM 4: 02

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Mi	ust and with the words "Limited Lie	ability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and	: street address of the principal offic	e of the Limited 1	Liability Company is:
ĵ	Principal Office Address:		Mailing Address:
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CO HILLOR WAY			
155 Seaport I		155 S	esport Boulevard
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Registered Agent's Signature (REQUIRED)

VICE PRESIDENT

(CONTINUED)

Page 1 of 2

#MGR" = Manager MGR	Title:	Name and Address:
(Use attachment if necessary) (Use attachment if necessary) E. V: Effective date, if other than the date of filing: (OPTIONAL) betive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after if filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. E. VI: Other provisions, if any. The limited liability company is manager-managed for purposes of s.605.0407, Florida issed Limited Liability Company Act. REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any filias information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. A Thomas F Bigony Typed or printed name of signee Elling Peess. \$125.60 Filing Fee for Articles of Organization and Designation of Registered Ayeut	"MVIDR" Authorized-Member-	
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