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Note: Ple	ase print this page and use it as a cover sheet. Type shown below) on the top and bottom of all pages of th	e document.
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To:	Division of Corporations Fax Number : (850)617-6381	
From	n: Account Name : BLUMBERG/EXCELSIOR CORPORA Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (718)889-7420	TE SERVICES, INC. S TALLEN
**Enter the annual	email address for this business entity to be us report mailings. Enter only one email address	ed for future OCT 2.2 2019 please.**
Email	Address:	
	FLORIDA LIMITED LIABILITY CO. Genco Star Holdings LLC	
	Certificate of Status 0	
	Certified Copy0Page Count01	
	Estimated Charge \$125.00	<u> </u>
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2019-10-21 10:31 CDT



October 18, 2019

BLUMBERG/EXCELSIOR

FLORIDA DEPARTMENT OF STATE Division of Corporations

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SUBJECT: STAR HOLDINGS LLC REF: W19000092638

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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) 245-6052.

Neysa Culligan	FAX Aud. #: H19000308846
Regulatory Specialist II	Letter Number: 119A00021542

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Genco Star Holdings LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

### Mailing Address:

210 Possum Trol Rd	210 Possum Trol Rd
Ponte Vedre Beach, FL 32082	Ponte Vedre Beach, FL 32082

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Paul Azzaro		
	Name	
210 Possum Trol Rd		
Florida street address (	P.O. Box NOT a	cceptable)
Ponte Vedre Beach	FL	32082
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited limited vompany at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and t uniformation with und accept the obligations of any position as registered agent as provided for in Chapter 605, F.S.

1 . • Registered Archt's Bignature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company;

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Paul Azzaro
	210 Possum Trol Rd
	Ponte Vedre Beach, FL 32082
	·

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_\_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

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REQUIN	LEUSIGNATORE
	Signature of a member of a) authorized representative of a member. 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.
	Paul Azzaro
	Typed or printed name of signee
	Filing Fees:

\$ 5.00 Certificate of Status (Optional)