Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003533363)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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. STARCHASER LOGISTICS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			•
The name of the Limited Liability	y Company is:		
Starchaser Logistics,			
(Must cona	tin the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street ad	ldress of the principal o	office of the Limited	Liability Company is:
Principe	ll Office Address:		Mailing Address:
1575 Vista Lake Circ	lc		
Melbourne, FL 32904			
D			
another business entity with an a	cannot serve as its own ctive Florida registration	Registered Agent, \ on.)	t's Signature: You must designate an individual or
The name and the Florida street a	ddress of the registered	i agent are:	
	CPA Partners, LLC		
		Name	
	8200 - 113th Street S	Suite 103	
	Florida atreet addres	s (P.O. Box NOT ac	eceptable)
	Seminole	FL .	33772
	City	State	Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
"AMBR" = Authorized Me	mber
"MGR" = Manager	
AMBR	Thomas Hanson
	1575 Vista Lake Circle Melbourne, FL 32904
	Micigouthe, PL 32904
	
	The state of the s
E V: Effective date, if other cetive date is listed, the date	than the date of filing: 12/05/2019 (OPTIONAL)
ective date is listed, the dat of filing.) The date inserted in this blo ment's effective date on the	than the date of filing: 12/05/2019 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 ck does not meet the applicable statutory filing requirements, this date will not Department of State's records.
EV: Effective date, if other ective date is listed, the date of filing.) The date inserted in this blo	than the date of filing: 12/05/2019 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 ck does not meet the applicable statutory filing requirements, this date will not Department of State's records.
E V: Effective date, if other cettive date is listed, the date of filing.) The date inserted in this bloment's effective date on the	than the date of filing: 12/05/2019 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 ck does not meet the applicable statutory filing requirements, this date will not Department of State's records.
E V: Effective date, if other ective date is listed, the date of filing.) the date inserted in this bloment's effective date on the E VI: Other provisions, if an	than the date of filing: 12/05/2019 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 ck does not meet the applicable statutory filing requirements, this date will not Department of State's records. ny.
E V: Effective date, if other cetive date is listed, the date of filing.) the date inserted in this bloment's effective date on the E VI: Other provisions, if an REOUTRED SIGNATUR Signature of the date of the	than the date of filing: 12/05/2019 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 ck does not meet the applicable statutory filing requirements, this date will not Department of State's records. ny.
E V: Effective date, if other cetive date is listed, the dat of filing.) the date inserted in this bloment's effective date on the E VI: Other provisions, if an REOURED SIGNATUR Signature of the date of the da	than the date of filing: 12/05/2019 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 ck does not meet the applicable statutory filing requirements, this date will not Department of State's records. The second and the sec
E V: Effective date, if other ective date is listed, the date of filing.) The date inserted in this bloment's effective date on the E VI: Other provisions, if an avairable of the date of the course	than the date of filing: 12/05/2019 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 ck does not meet the applicable statutory filing requirements, this date will not Department of State's records. Ny. E: Attraction of a member or an authorized representative of a member. Iteration is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.