12/000/99806

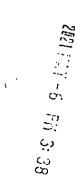
	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
☐ PiCK- J	D WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Octales	Certificates of Status
Special Instruction	ro Filing Officer

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SECRETARE OF STAND



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195	
REFERENCE: 795769 7103152	
AUTHORIZATION: Squel Reman	
COST LIMIT : \$ 125.00	
ORDER DATE : May 5, 2021	
ORDER TIME : 9:43 AM	
ORDER NO. : 795769-005	
CUSTOMER NO: 7103152	
DOMESTIC FILING	
NAME: REAL ESTATE STAR POWER, LLC	
79 80 70	
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Eyliena Baker - EXT.	
EXAMINER'S INTTIALS.	

COVER LETTER

ction rporations			
e Star Power, LLC			
Name of L	imited Liabi	lity Company	
f Organization and fee(s) a	are submitted	I for filing.	
ondence concerning this n	natter to the	following:	:
Gentzle, Esq.			
	Name of	Person	
ovanovich & Koester, P.A	۸.		
	Firm/Co	mpany	
mi Trail North, Suite 300			
	Addr	ess	
4103			
	City/State an	d Zip Code	
E-mail address: (to be used	d for future a	nnual report notificat	ion)
ncerning this matter, pleas	se call:		
		435-3535	
		Daytime Telephon	e Number
ne following amount:			
•	Certific	d Copy	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
ling Section on of Corporations ox 6327	i •	New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	ssee et, Suite 810
	ondence concerning this nature. Gentzle, Esq. ovanovich & Koester, P.A. mi Trail North, Suite 300 dillteam.com E-mail address: (to be used nature, please tentzle, Esq. e of Person fe following amount:	Name of Limited Liabi Forganization and fee(s) are submitted ondence concerning this matter to the Gentzle, Esq. Name of ovanovich & Koester, P.A. Firm/Comi Trail North, Suite 300 Address: (to be used for future a neering this matter, please call: sentzle, Esq. e of Person Area Code the following amount: \$\Begin{array} \text{S130.00 Filing Fee & Certificate of Status} & Certificate of Status & Certificate of Corporations ox 6327	Possible of Limited Liability Company Forganization and fee(s) are submitted for filing. Condence concerning this matter to the following: Gentzle, Esq. Name of Person Povanovich & Koester, P.A. Firm/Company mi Trail North, Suite 300 Address Gentzle and Zip Code Idillteam.com E-mail address: (to be used for future annual report notification and process of the following amount: Sentzle, Esq. at (

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must		Star Power, LLC		
	t contain the words "Limited Liab	ity Company, "L.L.C.," or "L	.LC.")	
ARTICLE II - Address: The mailing address and str	reet address of the principal office	of the Limited Liability Comp	pany is:	
<u>Pr</u> i	Principal Office Address:		Mailing Address:	
2301 Crayton R	oad	2301 Crayton Road		
Naples, FL 34103		Naples, FL 34103		
ne Limited Liability Comp other business entity with	d Agent, Registered Office, & Repany cannot serve as its own Registration.) than active Florida registration.)	stered Agent. You must desig		
The Limited Liability Comnother business entity with	d Agent, Registered Office, & R npany cannot serve as its own Reg th an active Florida registration.)	stered Agent. You must desig		
The Limited Liability Composition of the business entity with	d Agent, Registered Office, & Repany cannot serve as its own Registration.) street address of the registered age Jana Caudill Na	stered Agent. You must desig		
The Limited Liability Comnother business entity with	d Agent, Registered Office, & Repany cannot serve as its own Registration.) street address of the registered age	stered Agent. You must desig t are:		
The Limited Liability Comnother business entity with	d Agent, Registered Office, & Repany cannot serve as its own Regist an active Florida registration.) street address of the registered age Jana Caudill Na 2301 Crayton Road	stered Agent. You must desig t are:	nate an individual or	

(CONTINUED)

Title;	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Jana Çaudill 2301 Crayton Road Naples, FL 34103
	
(Use attachment if necessary)	
(If an effective date is listed, the date must be sp the date of filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as t of State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	Jana Caudiel
This document is execu I am aware that any fals	tember or an authorized representative of a member. ated in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.

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

Filing Fees:

Jana Caudill, Manager
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

76 PM 3: 38