

L21000308802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

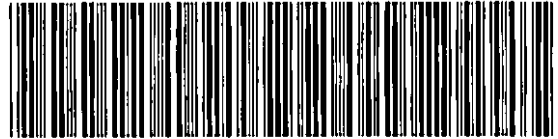
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUL -6 PM 12: 28

SECRETARY OF STATE
TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FL

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv[®]

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 7/6/2021

PRIORITY Regular Approval

OUR REF. # (Order ID#) 932087

ORDER ENTITY
STAR OF OAKS FL LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

STAR OF OAKS FL LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

Email address for annual report reminders: radiv@incserv.com

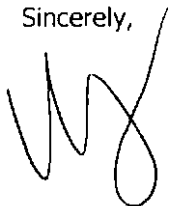
RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Articles of Organization
Of
Star of Oaks FL LLC

(Pursuant to Section 605.0201, Florida Statutes)

1. The name of the Limited Liability Company is: **Star of Oaks FL LLC**
2. The street address of the principal office of the Limited Liability Company is:

100 Duffy Avenue, Suite 510-552, Hicksville, NY 11801

3. The mailing address of the Limited Liability Company is:

100 Duffy Avenue, Suite 510-552, Hicksville, NY 11801

4. The name and address of the registered agent is as follows:

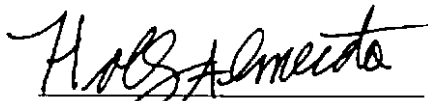
Incorporating Services, Ltd., 1540 Glenway Drive, Tallahassee, FL 32301

5. The period of duration for the Limited Liability Company shall be perpetual.
6. The name and address of the person(s) authorized to manage the LLC:

Title: **AMBR**
Name: **Sarabjit Lamba**
Address: **100 Duffy Avenue, Suite 510-552, Hicksville, NY 11801**

In Witness Whereof, 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.

Dated: **July 2, 2021**


Holly Almeida
Accumera LLC
Authorized Representative

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUL -6 PM 12:28

FILED

Acceptance of Appointment as Registered Agent
of

Star of Oaks FL LLC

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S

Dated: **July 2, 2021**



Incorporating Services, Ltd., Registered Agent