

Division of Corporations

3/16/22, 3:38 PM

L220000991823

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H22000099182 3)))



H220000991823ABC0

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 : FGC CORPORATE ADVISORS
Account Number : I20210000034
Phone : (305)432-3009
Fax Number : (786)369-1381

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: seanfard91@gmail.com

**FLORIDA LIMITED LIABILITY CO.
STARPOINT CONSULTING LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

FILED
2022 MAR 16 AM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H22000099182 3

COVER LETTER

TO: New Filing Section
Division of Corporations

STARPOINT CONSULTING LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SEAN M. FARD

Name of Person_____
Firm/Company

31 SE 5th Street, Unit 2511

Address

Miami, FL 33131

City/State and Zip Code

seanfard91@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean Fard	470	970-8512
_____ Name of Person	_____ Area Code	_____ Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
----------------------------------------------	------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TALLAHASSEE, FL 32303

2022 MAR 16 AM 12:08

FILED

H22000099182 3

H22000099182 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STARPOINT CONSULTING 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:31 SE 5th Street, Unit 2511
Miami, Florida 33131**Mailing Address:**31 SE 5th Street, Unit 2511
Miami, Florida 33131**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:

Daniel Fard

Name

31 SE 5th Street, Unit 2511Florida street address (P.O. Box **NOT** acceptable)MiamiFlorida33131

City

State

Zip

2022 MAR 16 AM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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..

Daniel Fard

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H22000099182 3

H22000099182 3

ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGRSEAN M. FARD31 SE 5TH ST #2511MIAMI, FL 33131RECEIVED
FLORIDA SECRETARY OF STATE
2022 MAR 16 AM 12:08

FILED

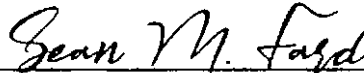
(Use attachment if necessary)

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.

REQUIRED 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 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.Sean M. Fard

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

H22000099182 3