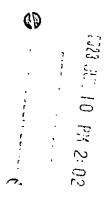
	(Requestor's Name)
•	(Address)
	· · · · · · · · · · · · · · · · · · ·
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Designant Number)
	(Document Number)
Certified Copies	Certificates of Status
	
Special Instructions to	Filing Officer:
<u> </u>	

Office Use Only



100411830121

2023 JUL 10 AM 9: 17



CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

STAR ON BRO	ADWAY LLC	
Please Debit FC	A000000003 For: 125	
Thank you Seth 1	Neeley	
Staf	/	Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
/ /	<u></u>	Officer Search
4		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

				- 1,51			
	iew Filing Sec Division of Cor						
SUBJECT		BROADWAY LLC					
SOBJECT	·	Name of	Limited Liabil	ity Company	,	-	
The enclos	sed Articles of	Organization and fee(s) are submitted	for filing.			
Please retu	ırn all correspo	ndence concerning this	matter to the	following:			
	DAVID A. N	1CKIBBIN					
			Name of	Person			
	David A. Mc	Kibbin, P.A.					
			Firm/Co	mpany			
	7610 RED R	IVER ROAD					
			Addr	ess		·	
	WEST PAL	M BEACH, FL 33411					
	dam@davidm	ckibbinpa.com	City/State an	d Zip Code			
	E	-mail address: (to be u	sed for future a	unnual report notification	on)		
For further i	information co	ncerning this matter, plo	ease call:				
	DAVID A. M		561	818-0050		_	
	Name	e of Person	Area Code	Daytime Telephone	Number		
Enclosed i	s a check for th	ne following amount:					
≣ \$125.0€) Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	Certificate Certified C	opy is enclosed)	
	New Fi Divisio P.O. Bo	g Address ling Section n of Corporations ox 6327 issee, FL 32314		Street Address New Filing Section Div The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	ssee t, Suite 810	2023 JUL 10 AM 9: SECRETARY OF STA TALLAMASSEE, F	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

STAR ON BROADWAY LLC	
(Must contain the words "Limited Liabi	ty Company, "L.L.C" or "LLC.")
CLEIL Address	
ICLE II - Address: nailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
nailing address and street address of the principal office	

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

David A. McKibbin, P.A		
No	ime	
7610 RED RIVER ROAL	D	
Florida street address (P.	O. Box <u>NOT</u> a	cceptable)
WEST PALM BEACH	FL	33411
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..

David McKibbin
Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

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

<u>Title:</u> "AMBR" = A	Name and Address: thorized Member	
"MGR" = Mar		
MGR		
<u> </u>	7610 RED RIVER ROAD	
	WEST PALM BEACH, FL 33411	
		
		
(Use attachmen	nt if necessary)	
If an effective date is line date of filing.) Note: If the date inserte the document's effective ARTICLE VI: Other pro-	date, if other than the date of filing:	
REOURED S	IGNATURE:	
	David McKibbin	
	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.	
	DAVID A. MCKIBBIN	
	DAVID A. MCKIBBIN Typed or printed name of signee	
	Filing Face:	

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)