

8/10/23, 12:46 PM

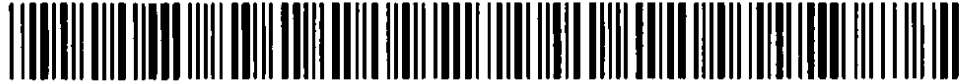
Division of Corporations

L23000378154

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GEOFFREY M. WAYNE, P.A.
Account Number : 076770003401
Phone : (305)381-8108
Fax Number : (305)381-8109

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

Email Address: CC@ABOGADOMIAMI.COM

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**FLORIDA LIMITED LIABILITY CO.
NEW STAR NV LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

CLERK OF
COURT
STATE OF FLORIDA

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: **NEW STAR NV LLC**

ARTICLE II – Address:

The mailing address of the Limited Liability Company is: **15 LG SMITH BOULEVARD, ORANJESTAD, ARUBA DUTCH CARIBBEAN.**

The street address of the principal office of the Limited Liability Company is: **15 LG SMITH BOULEVARD, ORANJESTAD, ARUBA DUTCH CARIBBEAN.**

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

EXCELSIOR CORPORATE SERVICES LLC
135 San Lorenzo Ave., PH 840
Coral Gables, FL 33146

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.

DocuSigned by:

Geoffrey M Wayne

EXCELSIOR CORPORATE SERVICES LLC

Registered Agent's Signature

ARTICLE IV – Management:

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

Authorized Member

GIRISH PITAMBER ALWANI
15 LG SMITH BOULEVARD, ORANJESTAD
ARUBA DUTCH CARIBBEAN

Authorized Member

SATISH PITAMBER ALWANI
15 LG SMITH BOULEVARD, ORANJESTAD
ARUBA DUTCH CARIBBEAN

ARTICLE V – Effective date, if other than the date of filing: _____

ARTICLE VI – Other Provisions, if any.

DocuSigned by:

Geoffrey M Wayne

EXCELSIOR CORPORATE SERVICES LLC

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Geoffrey M. Wayne

Typed or printed name of signer

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent

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STATE PART OF
TALLAHASSEE, FL 08171

FILED

\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)