M1500004876

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15 JUN 22 AM 10: 06
SECRETARY OF STATE

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15 JUN 22 PH 4: 26

JUN 23 2015 J SHIVERS CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 675551 7838690

AUTHORIZATION : WHILE BLORD

COST LIMIT : (\$^1,25.00

ORDER DATE: June 19, 2015

ORDER TIME : 3:52 PM

ORDER NO. : 675551-015

CUSTOMER NO: 7838690

FOREIGN FILINGS

NAME: STARNETH AMERICA LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

то:		tration Section on of Corporation	ons				
CHELO	······································	•	STARI	NETH AMERICA I	.LC		
SUBJE	ECT: _		Name o	of Limited Liability	Company		
						ansact Business in Florida," C y company to transact busines	
Please	return aļ	l correspondence	concerning this matter to the	ne following:			
	,	Wil Armstron	9				
	;	:		Name of Person			
	1	Starneth Amer	rica L.I.C				
Firm/Company							
	PO Box 2087						
		· ·		Address			
Winter Park, FL 32790							
City/State and Zip Code							
		wil.armstrong@starneth.com E-mail address: (to be used for future annual report notification)					
er i e i ii				ed for future annual	report not	ification)	
ror turt		1	ig this matter, please call:				
	Wil A	rmstrong		407 at (629-77 _)		
			of Contact Person	Area Code	Day	time Telephone Number	
		ING ADDRESS:				`ADDRESS:	
Division of Corporations Registration Section				Division of Corporations Registration Section			
P.O. Box 6327			Clifton Building				
	lallan	issee, FL 32314				ective Center Circle ee, FL 32301	
Enclose	ا طحم من ان	eck for the follow	ing amaunt				
Date to Se		5.00 Filing Fee	Ing amount: ☐ \$130.00 Filing Fee &	□ \$155.00 Filin	o Fee &	□ \$160.00 Filing Fee, Certi	ficate
	- 912	Nov i ning i cc	Certificate of Status	Certified Copy	g i cc ac	of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

,	eign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," o	or "LLC.")
f name unavailable, enter al ability Company, "L.L.C."	ternate name adopted for the purpose of transa" or "LLC.")	cting business in Florida. The alternate na	arne must include "Limited
Delaware	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	c)
N/A			
10/4	(Date first transacted business in Flori	da, if prior to registration.)	di-ruis
201 West Canton Aven	(See sections 605,0904 & 605,0905, F.S.	to determine penalty liability)	
Winter Park, FL 32789			ent-regions
PO Box 2087	(Street Address of Principal O	ffice)	-
Winter Park, FL 32790	(Mailing Address)		·~
	-		
Name and street address	s of Florida registered agent: (P.O. Box 🛚 💆	NOT acceptable)	
Name:	Michael A. Bedke		
Office Address:	100 North Tampa Street, Suite 2200		
1	Tampa	, Florida 33602 (Zip code)	
egistered agent's accept	(City)	(Zip code)	
THEND DARM MANAGE OF THE	Micieu aveni anu ili accelli vervice ili billi		n ne skrætinne danlarened
is application, I hereby a	eccept the appointment as registered agen tatutes relative to the proper and complet	t and agree to act in this capacity. I e performance of my duties, and I a	m familiar with and accep
is application, I hereby a th the provisions of all si	accept the appointment as registered agen tatutes relative to the proper and complet ion as registered agent.	et and agree to act in this capacity. It is eperformance of my duties, and I as	further agree to comply
is application, I hereby a th the provisions of all si e obligations of my posit	accept the appointment as registered agentatutes relative to the proper and complete ion as registered agent.	at and agree to act in this capacity. It is eperformance of my duties, and I at it is signature)	further agree to comply m familiar with and accep
is application, I hereby a th the provisions of all si e obligations of my posite The name, title or capac	iccept the appointment as registered agentatutes relative to the proper and complete ion as registered agent. (Registered agent)	at and agree to act in this capacity. It is eperformance of my duties, and I at it is signature)	further agree to comply m familiar with and accept m familiar with and accept m familiar with and accept m familiar with a fam
is application, I hereby a th the provisions of all si e obligations of my posite The name, title or capac il Armstrong, Manager	iccept the appointment as registered agentatutes relative to the proper and complete ion as registered agent. (Registered agent)	at and agree to act in this capacity. It is eperformance of my duties, and I at it is signature)	further agree to comply m familiar with and accept m familiar with and accept m familiar with and accept m familiar with a fam

Typed or printed name of signee

Wil Armstrong

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "STARNETH AMERICA LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE NINETEENTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STARNETH AMERICA LLC" WAS FORMED ON THE NINETEENTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE
NOT BEEN ASSESSED TO DATE.

15 JUN 22 AH 10: 06
SECRETARY OF STATE
TALLAHASSEE FINALE

5770135 8300

150945235

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2482393

DATE: 06-19-15

You may verify this certificate online at corp.delaware.gov/authver.shtml