

M15000007408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

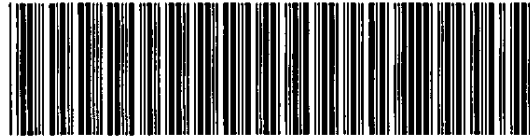
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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09/22/15--01008--001 **55.00

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TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
SEP 16 2015

JEFFREY D. KNEEN, ATTORNEY

126 Linda Lane, Palm Beach Shores, Florida 33404
Tel: (561) 478-4711 - Email: jeffreykneenlaw@outlook.com

September 10, 2015

NEW FILING SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

Enclosed please find the following:

1. Your form COVER LETTER
2. APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA
3. CERTIFICATE OF GOOD STANDING FROM MINNESOTA SECRETARY OF STATE
4. CHECK #1203 FROM DISTAR LLC FOR \$70.00, THE FILING FEE

If you have any questions, please call the undersigned, thank you.



JEFFREY D. KNEEN, ATTORNEY

cc: client

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DiStar LLC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign ^{LLC} ~~Corporation~~ for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael Schmitz

Name of Person

DiStar LLC

Firm/Company

4190 Royal Oak Dr.

Address

Palm Beach Gardens, FL 33410

City/State and Zip code

mschmitz4pgw@gmail.com

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

For further information concerning this matter, please call:

Jaffrey Kneen

Name of Person

at (561) 478-4711

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE 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:

1. DiStar, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C." or "LLC.")

2. Minnesota
(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 45-5599403
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4190 Royal Oak Dr., Palm Beach Gardens, FL 33410

(Street Address of Principal Office)

6. 4190 Royal Oak Dr., Palm Beach Gardens, FL 33410

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael Schultz
Office Address: 4190 Royal Oak Dr
Palm Beach Gardens, Florida 33410
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent.

Michael J. Schultz

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Michael J. Schultz - President

Diane Schultz - Chief Manager

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)

Michael J. Schultz

Signature of an authorized person

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.

MICHAEL J. SCHULTZ

Typed or printed name of signer

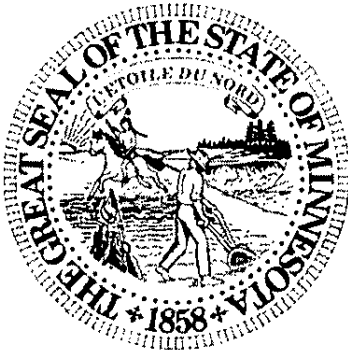
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TALLAHASSEE, FLORIDA

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, *Steve Simon*, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: DiStar, LLC
Date Filed: 03/16/2012
File Number: 477359400027
Minnesota Statutes, Chapter: 322B
Home Jurisdiction: Minnesota

This certificate has been issued on: 07/09/2015



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA