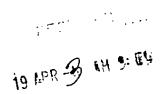
M19000003391

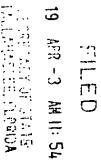
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	-

Office Use Only



900323906369





414119



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	04/03/2019	
Name:	Merritt Walker	_
	e #:1065544	<u> </u>
	me: WILDSTAR	PARTNERS LLC
	ticles of Incorporation/Authorization	
☐ An	nendment	
☐ Ch	nange of Agent	19 ਰਾਜ
☐ Re	einstatement	က မ
Cc	nversion	- 14- - 14- - 14-
	erger	
Dis	ssolution/Withdrawal	
☐ Fid	ctitious Name	
✓ Ot	herCERTIFIED C	OPY OF FILING EVIDENCE
Authorize	ed Amount:\$155	
Signature	e:	

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	WILDSTAR PARTNERS LLC		
	Name of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.			
Please return all correspondence concerning this matter to the following:			
Delaney J. Dugan			
 	Name of Person		
Nixon Peabody LLP			
· Firm/Company			
1300 Clinton Square			
	Address		
Rochester, NY 14604			
	City/State and Zip Code		
ddugan@nixonpeabody.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
	Delaney J. Dugan at (585_)263-1489		
Name of Contact Person Area Code Daytime Telephone Number			
MAILING A Division of Co Registration S P.O. Box 6327 Tallahassee, F	prporations Division of Corporations ection Registration Section Clifton Building		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\int\\$\$125.00 \text{Filing Fee} \int\\$			

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: WILDSTAR PARTNERS LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I.L.C.") (If name unavailable, enter elternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") DELAWARE 207 High Point Drive
(Street Address of Principal Office) 207 High Point Drive **Building 100 Building 100** Victor, NY 14564 Victor, NY 14564 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: 115 North Calhoun St. Suite 4 Office Address: Tallahassee , Florida 3230 (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.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Thomas M. Farace Manager Name: __ Manager 207 High Point Drive Address: ____ ___ Member Member Address: _ Building 100 Authorized Authorized Victor, NY 14564 Person Person CEO Other_ Other_ Other_ X Other Manager Manager Name: _____ Member Member Address: Authorized Authorized Person Person Other ___ Other Other_ Manager Name: Manager Name: Member | Address: Member Address: Authorized Authorized Person Person Other____ Other Other____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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) 10. 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. Signature of an authorized person Thomas M. Farace

Typed or printed name of signed

Page 1



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

DELAWARE, DO HEREBY CERTIFY "WILDSTAR PARTNERS 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 THIRD DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WILDSTAR"

PARTNERS LLC" WAS FORMED ON THE TWENTIETH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202570421

Date: 04-03-19

5751263 8300 SR# 20192514896