# M19000007632





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B KINSEY

#### **COVER LETTER**

TO:

то:	Registration Section Division of Corporation	ns					
SUBJE	Starfish Holdings W						
SOBJI.	CT:		nited Liability	Company	=		
				ation to Transact Business in Florida, ited liability company to transact busi			
Please r	eturn all correspondence c	oncerning this matter to the fol	lowing:				
	Michael A. Seo	ott, Esq.					
		Name	e of Person		-		
	The Dorcey Law Firm, PLC						
	Firm/Company						
	10181-C Six Mile Cypress Pkwy						
	Address						
	Fort Myers, FL	33966					
	City/State and Zip Code						
	registeredagent@	dorceylaw.com					
	-18. ATT -	E-mail address: (to be used for	r future annua	report notification)	-		
For furtl	ner information concerning	g this matter, please call:					
	Michael Scott	a	239 it (	418-0169	ا 3 الله 3 ال	~ · <b>~</b> · · <b>~</b> · · · · · · · · · · · · · · · · · · ·	
	Name o	f Contact Person	Area Code	Daytime Telephone Number	- 声	الله دختن محمد د	
	MAILING ADDRESS:			STREET ADDRESS:	<u> </u>	}	
	Division of Corporations			Division of Corporations	PH		
	Registration Section P.O. Box 6327			Registration Section Clifton Building		وسد ترویون	
	Tallahassee, FL 32314			2661 Executive Center Circle Tallahassee, FL 32301	կ։ 23		
	Enclosed is a check for the Please make check payab	ie following amount: le to: FLORIDA DEPARTMI	ENT OF STA	TE			
	\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00	Filing Fee & S160.00 Filing ed Copy of Status & Cer			

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

IN COMPLIANCE WHITESECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

/voming					. C," or "L
		3			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FIT numbe	r, if applicable)	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	o registration )	<del></del>	<del></del>	
	(See sections 605 0904 & 602 0905, F.S. to determ	nine penalty hability)			
Street Address of	Principal Office)	6	(Mailing Addre	ec 1	
			•	,.,	
8931-120th Ave. N.		8931 120	th Ave. N.		
West Palm Beach, FL	22.11.2				
	22417	West Pah	n Beach, FL 33412	2	
-		West Pal	n Beach, FL 33412	2	
Name and street address				2	
Name and <u>street addre</u> s	ss of Florida registered agent: (P.O. Bo;			2	2019
Name and street addres	ss of Florida registered agent: (P.O. Bo			2	2019 JU
Name and <u>street addres</u> Name:		x <u>NOT</u> acceptable			2019 JUL 3
Name:	ss of Florida registered agent: (P.O. Bo:  DLF Registered Agent Service, LLC	x <u>NOT</u> acceptable			$\frac{3}{2}$
	ss of Florida registered agent: (P.O. Bo;  DLF Registered Agent Service, LLC	x <u>NOT</u> acceptable			31 PH
Name:	ss of Florida registered agent: (P.O. Bo;  DLF Registered Agent Service, LLC	x <u>NOT</u> acceptable			$\frac{3}{2}$

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: William J. LaRue Manager Manager Name: \_\_\_\_\_ ☐ Member Address: \_\_\_\_\_ Member Address: \_\_\_\_\_ 8931 120th Ave. N. Authorized Authorized West Palm Beach, FL 33412 Person Person Other\_\_\_\_ Other Other\_ Other Name: Lisa R. LaRue Name: Manager Manager Manager ■ Member Address: Member Address: 8931 120th Ave. N. ☐ Authorized Authorized West Palm Beach, FL 33412 Person Person Other Other\_\_ Other\_\_\_ Other\_\_\_ Manager Name: \_\_\_\_\_\_ Manager Manager Member Address: Member Address: \_ Authorized Authorized Person Person 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

William J. La Rul

Typed or printed name of signee

# State of Wyoming

# Office of the Secretary of State



United States of America, } ss. State of Wyoming

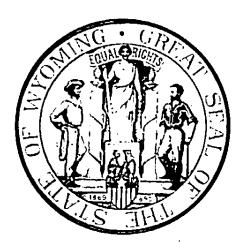
I, EDWARD A, BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

### Starfish Holdings Wyoming, LLC **Limited Liability Company**

formed or qualified under the laws of Wyoming did on April 5, 2019, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2019-000849770.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Chevenne, Wyoming on this 19th day of July, 2019 at 2:20 PM.



Secretary of State

By Rosalie Gonzales