

Division of Corporations

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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.  
Account Number : 073222003555  
Phone : (561)686-3307  
Fax Number : (561)290-1590

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

Email Address: bmann@nasonyeager.com

Foreign Limited Liability Company  
Everstar LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

2022 APR -4 PM 12:12

2022 APR -4 AM 8:40  
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AND

Electronic Filing Menu Corporate Filing Menu Help

APR 05 2022

K. Brumbley

# 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. Everstar LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

3. \_\_\_\_\_  
(FE number, if applicable)

4. 3/15/2017  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1698 Post Road East, Suite 2A  
(Street Address of Principal Office)

6. 1698 Post Road East, Suite 2A  
(Mailing Address)

Westport, CT 06880

Westport, CT 06880

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

Name: Alan I. Armour II, Esq.

Office Address: 3001 PGA Blvd., Suite 305

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.

  
(Registered agent's signature)

APPROVED  
AND  
FILED

2022 APR -4 AM 8:40

CLERK OF DISTRICT COURT  
141 HUNTER STREET  
TALLAHASSEE, FLORIDA 32301

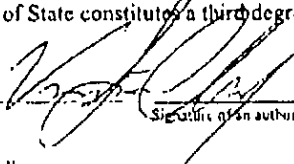
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Vikramjit Chaudhary</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>1698 Post Road East, Suite 2A</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Westport, CT 06880</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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  
 Vikramjit Chaudhary  
 \_\_\_\_\_  
 Typed or printed name of signer

# Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: February 07, 2022

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

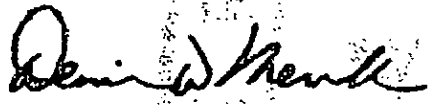
A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

## Business Details

Business Name EVERSTAR LLC

Business ALEI US-CT.BER:1232969

Formation Date 03/15/2017



Secretary of the State

Business ALEI: US-CT.BER:1232969

Certificate Number: C-00026492

Note: To verify this certificate, visit [Business.ct.gov](http://Business.ct.gov)