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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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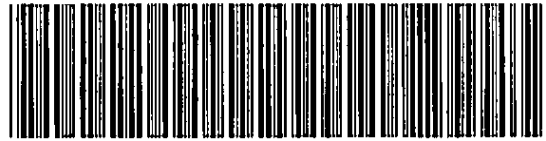
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. LEMIEUX
AUG 18 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAR DISTRIBUTING CO. 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:

CHRISTOPHER R. SKRYPACK

Name of Person

DAVID B. PETSHAFT, P.C.

Firm/Company

707 WESTCHESTER AVE. SUITE 207

Address

WHITE PLAINS, NEW YORK 10604

City/State and Zip Code

CRS@DBPLAW.COM

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

For further information concerning this matter, please call:

CHRISTOPHER SKRYPACK

914

597-7917

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 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. STAR DISTRIBUTING CO. 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. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 35-2513334
(FEI number, if applicable)

4. AUGUST 8, 2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3150 SADDLE CREEK BLDG 16, STE A
(Street Address of Principal Office)

6. 707 WESTCHESTER AVE, SUITE 207
(Mailing Address)

LAKELAND, FLORIDA 33801

WHITE PLAINS, NEW YORK 10604

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

Name: NRAI SERVICES, INC.

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, FLORIDA 33324
(City) Florida (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.

Ed Hard
(Registered agent's signature)

FILED
2022 AUG 15 PM 4:55
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF MIAMI
FLORIDA

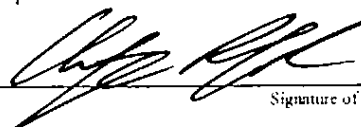
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: CHRISTOPHER ROCHFORD	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 707 WESTCHESTER AVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUITE 207	<input type="checkbox"/> Authorized	_____
Person	WHITE PLAINS, NEW YORK 10604	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
CHRISTOPHER ROCHFORD

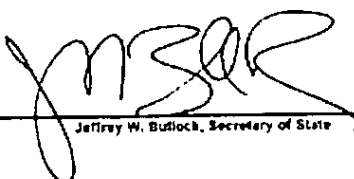
Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "STAR DISTRIBUTING CO. 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 TENTH DAY OF AUGUST, A.D. 2022.



Jeffrey W. Bullock, Secretary of State

5580814 8300

SR# 20223219123

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

Authentication: 204128594

Date: 08-10-22

ORIGIN ID: NESA (914) 597-7900 JENNIFER ESTWICK-BILL DAVID B. PETSHAFT, P.C. 707 WESTCHESTER AVE SUITE 207 WHITE PLAINS, NY 10604 UNITED STATES US		SHIP DATE: 09AUG22 ACTWGT: 0.50 LB CAD: 4723043/NET4490 BILL SENDER
TO DAVID B PETSHAFT DAVID B PETSHAFT PC 707 WESTCHESTER AVE STE 207 WHITE PLAINS NY 10604 (914) 597-7900 REF: STAR DISTRIBUTION S295 PO DEPT		
 		
TRK# 7776 1756 9134 0201 EH NESA NY-US SWF 10604	WED - 10 AUG 4:30P STANDARD OVERNIGHT	
		

581.0/F39D/FE4A

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

DAVID B. PETSHAFT, P.C.
COUNSELORS AT LAW
707 WESTCHESTER AVE, STE 207
WHITE PLAINS, NY 10604
TELEPHONE: (914) 597-7900
FACSIMILE: (914) 597-7930

Sent via
FEDERAL EXPRESS

August 12, 2022

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Foreign Registration
STAR DISTRIBUTING CO. LLC (DE)

Dear Sir or Madam:

In connection with the above-referenced entity, enclosed please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, as well as a Certificate of Existence from the State of Delaware, to be filed with the Division of Corporations- Registration Section along with a check in the amount of One Hundred Sixty Dollars (\$160.00). Said check represents the total fee for the filing, a certificate of status and a certified copy.

Also enclosed is a **federal express label** (with our office's federal express account number therein) in order to overnight the requested certificate of status back to the address listed above. Thank you. Should you have any questions or concerns, please feel free to contact me directly at (914) 597-7917. Thank you.

Sincerely,
DAVID B. PETSHAFT, P.C.



Christopher R. Skrypack, Esq.

Encl.