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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	tark Consulting, LLC	ne of Limited Liability Company
	Nam	e of Limited Liability Company
The enclosed ". Existence, and	Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please return al	ll correspondence concerning this matter t	to the following:
	Charles J. Stark	
		Name of Person
	Stark Consulting, LLC	
		Firm/Company
	3110 23rd Street, Apt 3F	
		Address
	Astoria, NY 11106	
	C	City/State and Zip Code
	charles@starkconsult.us	
	E-mail address: (to be	e used for future annual report notification)
For further info	rmation concerning this matter, please cal	II:
Charle	es J. Stark	646 715-5737
	Name of Contact Person	Area Code Daytime Telephone Number
	ng Address: stration Section	Street Address: Registration Section
_	ion of Corporations	Division of Corporations
	Box 6327	The Centre of Tallahassee
Tallai	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	sed is a check for the following amount: make check payable to: FLORIDA DEP	DADTMENT ME CTATE
	25.00 Filing Fee \$\square\$ \$130.00 Filing Fee Certificate of	e & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate

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 LIABILIT COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

es J. Stark Consulti	ng, LLC					
unavailable, enter alternate	name adopted for the purpose of transacting business in	Florida, The	alternate name must include "Limited Liability	Company,"	"I_L_C," (or "Lt
e of New York			N/A			
isdiction under the law of t	which foreign limited liability company is organized)	3.	(FEI number, if a	applicable)		_
A						
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration	.) liability)	_		
10 23rd Street, Apt		4	3110 23rd Street, Apt 3F			
Address of Principal Office)		0.	(Mailing Address)			_
storia, NY 11106			Astoria, NY 11106			
		•				
ame and <u>street addre</u>	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	ecceptable)			
ame and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Bo Ms. Crystal Rodriguez	x <u>NOT</u> a	ecceptable)			_
		x <u>NOT</u> a	ecceptable)			
Name:	Ms. Crystal Rodriguez	x <u>NOT</u> a	 			
Name:	Ms. Crystal Rodriguez 208 Clematis Street, Apt 309	x <u>NOT</u> a		_		_
Name: Office Address:	Ms. Crystal Rodriguez 208 Clematis Street, Apt 309 West Palm Beach (City)				N2	
Name: Office Address: stered agent's accep	Ms. Crystal Rodriguez 208 Clematis Street, Apt 309 West Palm Beach (City) otance: egistered agent and to accept service of	process	33401, Florida(Zip code) for the above stated limited liabi	lity comp	20 at	
Name: Office Address: stered agent's acceping been named as re	Ms. Crystal Rodriguez 208 Clematis Street, Apt 309 West Palm Beach (City) otance: egistered agent and to accept service of ation, I hereby accept the appointment of	process j	33401, Florida(Zip code) for the above stated limited liabilized agent and agree to act in the	ility comp is capaci	ty. I fu	rthe
Name: Office Address: stered agent's acceping been named as renated in this application with the provis	Ms. Crystal Rodriguez 208 Clematis Street, Apt 309 West Palm Beach (City) otance: egistered agent and to accept service of	process j	33401, Florida(Zip code) for the above stated limited liabilized agent and agree to act in the	ility comp is capaci	ty. I fu	rthe
Name: Office Address: stered agent's acceping been named as renated in this application with the provis	Ms. Crystal Rodriguez 208 Clematis Street, Apt 309 West Palm Beach (City) otance: egistered agent and to accept service of attion, I hereby accept the appointment of ions of all statutes relative to the proper	process j	33401, Florida(Zip code) for the above stated limited liabilized agent and agree to act in the	ility comp is capaci	ty. I fu ım fağırı	rthei
Name: Office Address: stered agent's acceping been named as renated in this application with the provis	Ms. Crystal Rodriguez 208 Clematis Street, Apt 309 West Palm Beach (City) otance: egistered agent and to accept service of attion, I hereby accept the appointment of ions of all statutes relative to the proper	process j as register and con	33401, Florida(Zip code) for the above stated limited liabilized agent and agree to act in the	ility comp is capaci	ty. [fu ım famı ∾	rthei

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized t manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Charles J. Stark □Manager Name: ______ Manager 3110 23rd Street, Apt 3F Address: _ Address: ____ ■ Member □Member Astoria, NY 11106 □ Authorized □ Authorized Person Person Other____ □Other____ □Other Other____ Name: _____ □Manager □Manager ☐ Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person □Other____ □Other_____ □Other____ □Other____ Name: □Manager Name: ■ Manager □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

Typed or printed name of signee

Charles J. Stark

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be I in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of certificate, the following entity information is reflected:

Entity Name:

STARK CONSULTING, LLC

DOS ID Number:

6364841

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

01/03/2022

Statement Status:

CURRENT

Statement Due Date:

01/31/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of Stat at the City of Albany, on November 14, 2022 at 08:47 A.M.

Brandon C Hughan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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