

M23000010087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

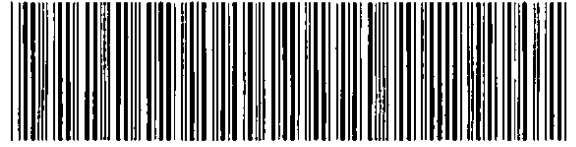
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700412941857

07/31/23--01023--011 **125.00

2023 JUL 31 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



July 21, 2023

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom this may concern,

Enclosed please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in FL, a Cover Letter, a Certificate of Good Standing from the Secretary of State of Delaware as well as a check for \$125.

Please let me call me at (617) 574-3330 or email at elafferty@saturnpartnersvc.com if you require anything additional or have any questions. We look forward to operating out of our office in the State of Florida.

Best regards,

Ed Lafferty
CFO & Member
Saturn Management LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Saturn Partners II 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:

Edward A. Lafferty

Name of Person

Saturn Management LLC

Firm/Company

501 1st Ave N, Suite 901

Address

St. Petersburg, FL 33701

City/State and Zip Code

elafferty@saturnpartnersvc.com

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

For further information concerning this matter, please call:

Edward A. Lafferty

978

239-9459

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. Saturn Partners II LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Saturn Partners II, L.L.C.

(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 3. 54-2188483
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1/1/2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 501 1st Ave N 6. 501 1st Ave N
(Street Address of Principal Office) (Mailing Address)

Suite 901 501 1st Ave N

St Petersburg, FL 33701 St Petersburg, FL 33701

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

Name: Corporation Service Company
Office Address: 1201 Hays St
Tallahassee, Florida 32301
(City) (Zip code)

2023 JUL 31 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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.

Corporation Service Company

By: Paula Washburn

(Registered agent's signature)

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:**

☒ Manager Name: Jeffrey S. McCormick

☒ Member Address: 300 Ocean Drive, Unit 332

☒ Authorized Palmas Del Mar

Person Humacao, PR 00936

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Edward A. Lafferty

☒ Member Address: 855 Bayway Blvd., Unit 708

☒ Authorized Clearwater Beach, FL 33767

Person

☐ Other ☐ Other

☐ Manager Name: William Guttman

☒ Member Address: 1305 Devon Rd

☐ Authorized Pittsburgh, PA 15213

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

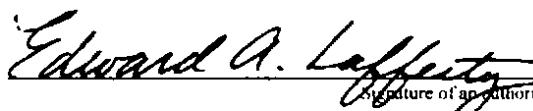
Person

☐ Other ☐ 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

Edward A. Lafferty

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 "SATURN PARTNERS II 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 TWENTY-FIRST DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SATURN PARTNERS II LLC" WAS FORMED ON THE SEVENTH DAY OF DECEMBER, A.D. 2005.

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



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

4072815 8300

SR# 20233052893

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

Authentication: 203798230

Date: 07-21-23