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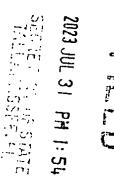
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 7 ming Officer.





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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 <u>elafferty@saturnpartnersvc.com</u> 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:

URJE	Saturn Partners III LLC				
		ne of Limited Liability Company			
lease r	eturn all correspondence concerning this matter t	to the following:			
	Edward A. Lafferty				
		Name of Limited Liability Company by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of printed to register the above referenced foreign limited liability company to transact business in Florida. ence concerning this matter to the following: Lafferty Name of Person anagement LLC Firm/Company ve N, Suite 901 Address burg, FL 33701 City/State and Zip Code atumpartnersvc.com E-mail address: (to be used for future annual report notification) cerning this matter, please call: y at (
	BJECT: Saturn Partners III LLC Name of Limited Liability Company e enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Floric istence, and check are submitted to register the above referenced foreign limited liability company to transact be assere trum 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) r further information concerning this matter, please call: Edward A. Lafferty Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Name of Street, Suite 810				
	Firm/Company				
	501 1st Ave N, Suite 901				
UBJEC The enclosistence lease ret		Address			
	St. Petersburg, FL 33701				
		City/State and Zip Code			
	elafferty@satumpartnersvc.com				
	E-mail address: (to b	Address City/State and Zip Code @saturnpartnersvc.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call:			
or furt	her information concerning this matter, please ca	ill:			
	Edward A. Lafferty				
	Name of Contact Person				
	_				
	•	•			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
		Tallahassee, FL 32303			

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:

mante dissipatione, enter anemate	name adopted for the purpose of transacting business in Flo	rida. The alter	nate name must include "Limited Li	iability Company," "L.L.C.	or "LL."
Delaware			-1281254		
(Jurisdiction under the law of w	which foreign limited liability company is organized)	3. (FEI number, if applicable)			
1/1/2023					
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	egistration.) ne penalty liabi	hty)		
501 1st Ave N			1 1st Ave N		
eet Address of Principal Office)		o	(Mailing Address)		
Suite 901		50	1st Ave N		
St Petersburg, FL 3370)1	St Petersburg, FL 33701			
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acco	eptable)		
Name:	Corporation Service Company		_	. 2	
Office Address:	1201 Hays St			2023 JUL 31 PH SEARE ANA SE	
	Tallahassee		32301 . Florida	<u> </u>	1
			(Zip code)	SSE PH	# E
	(Спу)				-

(Registered agent's signature)

By: Paula Washburn

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: Name and Address: Title or Capacity: Jeffrey S. McCormick Edward A. Laffertv Name: Name: ■ Manager ☐ Manager 300 Ocean Drive, Unit 332 855 Bayway Blvd., Unit 708 Address: ` ■ Member ■ Member Palmas Del Mar Clearwater Beach, FL 33767 Authorized ■ Authorized Humacao, PR 00936 Person Person Other □Other____ Other □Other William Guttman Manager □Manager Name: Address: ____ Member ☐ Member Address: Pittsburgh, PA 15213 ☐ Authorized ☐ Authorized Person Person □Other_____ Other ☐Other_____ Other____ Manager ☐ Manager Name: Address: ____ Address: _____ □Member □Member ☐ 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. Musual Caffetto
Signature of an authorized person

Typed or printed name of signee

Edward A. Lafferty



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SATURN PARTNERS III 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"

III LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2009.

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



Authentication: 203798232

Date: 07-21-23