

M23000011693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

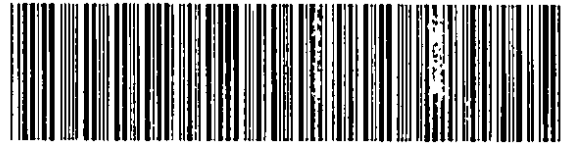
(Document Number)

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Special Instructions to Filing Officer:

W23-124099

Office Use Only



300414354853

APPROVED  
AND  
FILED

2023 SEP 11 AM 10:18

CLERK OF THE  
SUPERIOR COURT  
JANUARY 11, 2023

RECEIVED

2023 SEP 11 PM 3:36

CLERK OF THE  
SUPERIOR COURT  
JANUARY 11, 2023

SEP 14 2023

K. Brumley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 12, 2023

SUNSHINE

**CORRECTED**  
**Please Allow For**  
**Same File Date**

SUBJECT: NORTH STAR TOTAL SERVICES, LLC  
Ref. Number: W23000124099

We have received your document for NORTH STAR TOTAL SERVICES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Part 1 was rejected making this name not available.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 423A00020887

RECEIVED  
2023 SEP 13 AM 9:36  
TALLAHASSEE, FLORIDA

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 09/11/2023

**\*\*WALK IN\*\***

ENTITY NAME NORTH STAR TOTAL SERVICES, LLC

DOCUMENT NUMBER 1

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting:* \_\_\_\_\_

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 125.00

ACCOUNT # I20160000072

*an: c J2W*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**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. NORTH STAR TOTAL SERVICES, 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. \_\_\_\_\_

(FEI number, if applicable)

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

5. 384 NORTH LOMBARDY LOOP

(Street Address of Principal Office)

JACKSONVILLE, FL 32259

6. 384 NORTH LOMBARDY LOOP

(Mailing Address)

JACKSONVILLE, FL 32259

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

Name: LAWSON, KELVIN L

Office Address: 384 NORTH LOMBARDY LOOP

JACKSONVILLE

(City)

32259, Florida

(Zip code)

APPROVED  
AND  
FILED  
2023 SEP 11 AM 10:18  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

**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.*

Jenisa Irizarry  
(Registered agent's signature)

Jenisa Irizarry, Attorney-in-Fact

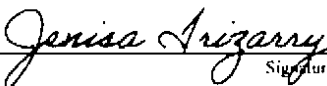
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>LAWSON, KELVIN</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>384 NORTH LOMBARDY LOOP</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>JACKSONVILLE, FL 32259</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  
  
Jenisa Irizarry  
\_\_\_\_\_  
Typed or printed name of signer

**NORTH STAR TOTAL SERVICES, LLC**

Document Number: L23000106103

384 North Lombardy Loop.

Jacksonville, FL 32259

August 24th, 2023  
Florida Department of State  
Division of Corporations

Subject: Consent to Use Similar Name

The undersigned, hereby authorizes the use of the name, NORTH STAR TOTAL SERVICES, LLC, as the name of a filing entity for the purpose of submitting a filing instrument to the Secretary of State. The LLC is domesticating to Delaware and remaining in Florida as a foreign entity.

The undersigned certifies to being authorized by the holder of the existing name to give this consent.

Thank you.

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NORTH STAR TOTAL SERVICES, LLC

Officer Name: Jade Lopez

Title: Attorney-in-Fact

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORTH STAR TOTAL SERVICES, 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 ELEVENTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTH STAR TOTAL SERVICES, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2023.

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



7640249 8300

SR# 20233459919

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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.

Authentication: 204133721

Date: 09-11-23