M23000013226

(Requestor's Name)
(Address)
, , , ,
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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W23-134088

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OCT 1 6 2023 K. Brumbley



October 4, 2023

COGENCY GLOBAL

SUBJECT: STARBOARD ENTERPRISES, LLC

Ref. Number: W23000136088

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

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Letter Number: 823A00022958

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

MECEIVED

DO DOV COOT Tellahaggan Florida 2021



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	10/12/2023						
	Xavian B	rown	_				
		4408	_				
Entity Nam	ty Name:STARBOARD ENTERPRISES, LLC						
✓ Artic	les of Incorporation	on/Authorization	to Transact Business				
☐ Ame	endment						
☐ Cha	nge of Agent						
☐ Rein	istatement						
Conversion							
☐ Mer	☐ Merger						
☐ Dissolution/Withdrawal							
☐ Ficti	tious Name						
✓ Other	er	Please k	eep original filing date				
Authorized	Amount:	\$125.00					
Signature:	× Pm	-					

F: 800.944.6607

F: +852.2682.9790

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJEC	STARBOARD ENTERPRISES, LLC							
CODOL		Name of Limited Liability Company						
The enc Existence	losed "Application by Foreign Limited Liability Coe, and check are submitted to register the above re	Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida						
Please re	eturn all correspondence concerning this matter to	the following:						
	JULIE A. PETERSEN							
		Name of Person						
	DUGGAN BERTSCH, LLC							
	Firm/Company							
	303 WEST MADISON STREET, SUIT	TE 1000						
	Address							
	CHICAGO, ILLINOIS 60606							
	Cir	ty/State and Zip Code						
	DLITTWIN@DUGGANBERTSCH.CO	M						
	E-mail address: (to be	used for future annual report notification)						
For furt	her information concerning this matter, please call							
JULIE A. PETERSEN		at () 263-8600 Daytime Telephone Number						
	Name of Contact Person	Area Code Daytime Telephone Number						
Mailing Address: Registration Section		Street Address: Registration Section						
Division of Corporations		Division of Corporations						
P.O. Box 6327		The Centre of Tallahassee						
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303						
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP: \$\Begin{array}{c} \Boxed{S125.00} \text{ Filing Fee} & \Boxed{S130.00} \text{ Filing Fee} \text{ Certificate of } \end{array}	& 🔲 \$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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

STARBOARD ENTER			
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.E.C.," or "LLC.")	
Of any allowing the same abresses a	arne adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liability	Company," "L.L.C," or "LLC.")
	mile suched by the property of the second	86-1521032	1
DELAWARE 2		3(FEI number, if a	nn(kehla)
(Jurisdiction under the law of w	high foreign limited liability company is organized)	(,)	
4	(Date first transacted business in Florida, if prior to n (See sections 605.9904 & 605.9905, F.S. to determin	egistration.)	-
1415 PANTHER LANE		1415 PANTHER LANE	
5. (Street Address of Principal Office)		(Mailing Address)	
SUITE 527		SUITE 527	· ·
NAPLES, FLORIDA 34109		NAPLES, FLORIDA 34109	20
7. Name and street address Name:	cogency global Inc.	NOT acceptable)	FILED
Office Address:	115 N. CALHOUN ST., STE. 4		8: 27
	TALLAHASSEE	32301 , Florida	_
	(City)	(Zip code)	
designated in this applicate to comply with the provise	otance: registered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent. (Registered agent's to the proper agent)	registered agent and agree to act in to and complete performance of my dutie	its Cabacity. I Juinter afree

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: Title or Capacity: Name and Address: Name: Gregory J. Bertsch □Manager □Manager Name: Address: _ 303 W. Madison Street □Member □Member Address: Suite 1000 □ Authorized □ Authorized Chicago, Illinois 60606 Person Person Other_Attorney in fact □Other □ Other □ Other □ Manager Name: ______ □Manager Name: □ Member □Member Address: ____ Address: □Authorized □ Authorized Person Person □Other___ □Other____ □Other □Other Name: _____ □Manager ■ Manager Name: Address: ____ ☐ Member Address: _____ □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.

GREGORY J. BERTSCH, Authorized Agent

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "STARBOARD ENTERPRISES, 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 THIRD DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STARBOARD ENTERPRISES, LLC" WAS FORMED ON THE EIGHTH DAY OF JANUARY, A.D. 2021.

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

Authentication: 204296316

Date: 10-03-23

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