

M24000000743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

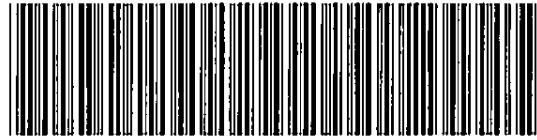
(Document Number)

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ALLAHABAD, FLORIDA

AS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Star Rentals 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:

Justin Troupe  
Name of Person

Star Rentals LLC  
Firm/Company

12420 Keystone Island, dr  
Address

North Miami, FL 33131  
City/State and Zip Code

Contact@starrentals.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Troupe at ( 843 ) 424-3425  
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. Star Rentals LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.")

Star Rentals Mhp 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. Wyoming  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 92-2595334  
(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. 12420 Keystone Island Dr North  
(Street Address of Principal Office)

6. 30 N Gould St Ste  
(Mailing Address)

Miami, FL 33

R Sheridan, WY

82801

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

Name: Justin Troupe

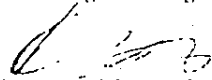
Office Address: 12420 Keystone Island dr Miami FL 33181

Miami, Florida 33181  
(City) (Zip code)

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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.



(Registered agent's signature)

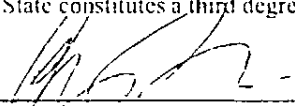
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	Mackenzie Napurawo		<input checked="" type="checkbox"/> Manager	Name:	Justin Troupe	
<input type="checkbox"/> Member	Address:	14311 Biscayne Blvd PO Box		<input type="checkbox"/> Member	Address:	12420 KeyStone	
<input type="checkbox"/> Authorized		610484 North Miami, FL 33181		<input type="checkbox"/> Authorized		Island dr, Miami FL 33181	
<input type="checkbox"/> Person				<input type="checkbox"/> Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	Sebastian Gomez		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	14311 Biscayne		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Blvd PO Box		<input type="checkbox"/> Authorized			
<input type="checkbox"/> Person		610484 North Miami, FL 33181		<input type="checkbox"/> Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Mitchel Armstrong		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	14311 Biscayne		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Blvd PO Box 610484		<input type="checkbox"/> Authorized			
<input type="checkbox"/> Person		North Miami, FL 33181		<input type="checkbox"/> 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  
  
Justin Troupe  
\_\_\_\_\_  
Typed or printed name of signee

**STATE OF WYOMING**  
**Office of the Secretary of State**

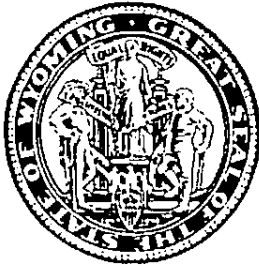
I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**Star Rentals LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **July 27, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001305656**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 23rd day of January, 2024 at 10:54 AM. This certificate is assigned ID Number 068873637.



A handwritten signature in cursive script, reading "Chuck Gray", written over a horizontal line.

Secretary of State