

# M240000009542

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (813)436-5206

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DEPT. OF STATE  
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TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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### Foreign Limited Liability Company Star Systems America, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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 Systems America, 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. Texas

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-2847725

(FF number, if applicable)

4. (Date first transacted business in Florida, if prior to registration) (See sections 602.0904 & 605.0902, F.S., to determine penalty liability)

5. 7901 4th St N STE 300

(Street Address of Principal Office)

St. Petersburg FL 33702

6. 7901 4th St N STE 300

(Mailing Address)

St. Petersburg FL 33702

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702

(City)

(Zip code)

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.

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: Lockhart, Stephen

Member      Address: 7901 4th St N STE 300

Authorized      St. Petersburg FL 33702

Person \_\_\_\_\_

Other: \_\_\_\_\_                       Other: \_\_\_\_\_

Title or Capacity:                      Name and Address:

Manager      Name: Karr, Robert

Member      Address: 7901 4th St N STE 300

Authorized      St. Petersburg FL 33702

Person \_\_\_\_\_

Other: \_\_\_\_\_                       Other: \_\_\_\_\_

Manager      Name: Tang, Oi Wan

Member      Address: 7901 4th St N STE 300

Authorized      St. Petersburg FL 33702

Person \_\_\_\_\_

Other: \_\_\_\_\_                       Other: \_\_\_\_\_

Manager      Name: Delgoshen, Udi

Member      Address: 7901 4th St N STE 300

Authorized      St. Petersburg FL 33702

Person \_\_\_\_\_

Other: \_\_\_\_\_                       Other: \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member      Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

Person \_\_\_\_\_

Other: \_\_\_\_\_                       Other: \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member      Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

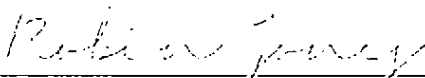
Person \_\_\_\_\_

Other: \_\_\_\_\_                       Other: \_\_\_\_\_

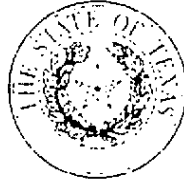
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697



Jane Nelson  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Star Systems America, LLC (file number 803180253), a Domestic Limited Liability Company (LLC), was filed in this office on December 05, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 18, 2024.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson  
Secretary of State