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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 DEC 17 PM 3:58

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Unrelated I, 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:

Christin Pond

Name of Person

Starr Restaurant Organization, LP

Firm/Company

134 Market Street

Address

Philadelphia, pA 19106

City/State and Zip Code

christin.pond@starr-resataurant.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| | | |
|------------------------|--------------|--------------------------|
| Christin Pond | 267 | 238-3640 |
| _____ | at (_____) | _____ |
| 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. Unrelated I, 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. Pennsylvania Applied For
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 134 Market Street 134 Market Street
(Street Address of Principal Office) (Mailing Address)
Philadelphia, PA 19106 Philadelphia, PA 19106

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

Name: Corporation Services Company
Office Address: 1201 Hays Street
Tallahassee, FL 32301
(City) , Florida (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.

Michelle Diabrow
(Registered agent's signature)

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| <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|-----------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>Stephen Starr</u> |
| <input type="checkbox"/> Member | Address: <u>134 Market Street</u> |
| <input type="checkbox"/> Authorized | <u>Philadelphia, PA 19106</u> |
| Person | <u></u> |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

☐ Manager Name: Christin Pond

☐ Member Address: 134 Market Street

☒ Authorized Philadelphia, PA 19106

Person _____

☐ Other ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other _____

Title or Capacity:

☐ Manager

☐ Member

☐ Authorized Person

☒ Other _____

Name and Address:

Melissa MacLeod

134 Market Street

Philadelphia, PA 19106

VP & GC

☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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)

Signature of an authorized person

Typed or printed name of signee

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: Unrelated I, LLC
Request Type: Subsistence Certificate **Issuance Date:** December 16, 2024
Request No.: 047908233 **File No.:** 0014031485
Receipt No.: 001340288
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: December 11, 2024
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Unrelated I, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov