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Division of Corporations

: (850)617-6383 Fax Number

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Account Number : 076424003301 Phone : (813)223-7474

21- \_/GEH Fax Number

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

tgood@trenam.com Email Address:

P.A.

## FOREIGN PROFIT/NONPROFIT CORPORATION

10 Star Agency USA Inc.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
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Corporate Filing Menu

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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA** IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 10 STAR AGENCY USA INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "ino,," "Co.," "Corp," "ino," "Co," at "Corp.") MOUSEXUERRY (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2 Delaware 3. EIN: 86-2531811 (State or country under the law of which it is incorporated) (PEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) TK Registered Agent, Inc. Name: 101 E. Kennedy Boulevard, Suite 2700 Office Address: 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place w designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. $I^{ extstyle e$ 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.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

(Registered agent's signature)

| A. DIRECTORS  |  |                    |             |
|---|--|--------------------|-------------|
| DChalman 1  | Name: Austin elton   | Chairman           | Name:       |
| ☐ Vice Chalman  | 240-196 W. 3 MATE<br>Address: <u>vancouver</u> BL VIY 1E9<br>conada. | □Vice Chairman     | Address:    |
| □ Director _  |  | ODirector          |             |
| (Meresident   |  | □ President        |             |
| OVice President   |  | ☐Vice President    |             |
| <b>⊠</b> Secretary  | Officespares .   | ☐ Secretary        | CT reasurer |
| Other   | □Other □   | □Other             |             |
| □ Chairman  | Name:  | □ <b>C</b> hairnan | Name:       |
| □Vice Chairman  | Address:   | . DVice Chairman   | Address:    |
| Director  |  | □Director          |             |
| □ <del>Pres</del> ident   | · · · · · · · · · · · · · · · · · · ·                                | □President         |             |
| □Vice President   |  | □Vice President    |             |
| <b>Secretary</b>  | OTrousuer  | ☐ Secretary        |             |
| □ Other   |  | □Other             | Other       |
| []Chairman  | Name:  | ☐ Chairman         | Name:       |
| □Vico Chairman  | Address:   | DViot Chairman     | Address:    |
| C)Director  |  | CIDirector         |             |
| □President  |  | ☐President         | ,           |
| □Vice President   |  | □Vice President    |             |
| C)Secretary .   | ☐ Treasurer  | ☐Scoretary ·       | OTreasurer  |
| Other   | DOther   | D0tha              | □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 filling your Florida Department of State Annual Report form.   |  |                    |             |
| 14  | Signature of Director or   | Officer            |             |
| The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817.155, F.S. |  |                    |             |
| Bustin Elton  |  |                    |             |
| (Typed or printed name and capacity of person signing application)  |  |                    |             |

(((H21000127538 3)))

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "10 STAR AGENCY USA INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF MARCH, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "10 STAR AGENCY USA INC." WAS INCORPORATED ON THE FIFTH DAY OF MARCH, A.D. 2021.

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

5383645 8300

SR# 20211037518

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202819045

Date: 03-25-21