## F02000002073

TRANSMITTAL LETTER
TRANSMITTAL LETTER  ATAMASMITTAL LETTER  ATAMASMITTAL LETTER  ATAMASMITTAL LETTER  ATAMASMITTAL LETTER  ATAMASMITTAL LETTER
SUBJECT: ROCK STAR, INC.  (Name of corporation - must include suffix)
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation ————————————————————————————————————
Please return all correspondence concerning this matter to the following:
AARON SCHIMMEL
(Name of Person)
ROCK STAR, INC. (Firm/Company)
(Firm/Commons)
3191 NW 18TH AVE.  (Address)
FORT LAUDERDALE, FLORIDA 33309 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
AARON SCHIMMER at (954) 739-7841 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee & Certificate of Status

□ \$78.75 Filing Fee & Certified Copy

\$87.50 Filing Fee, Certificate of Status & Certified Copy

## 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. ROCK STAR, INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION") words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of natural person or partnership if not so contained in the name at present.) 2. <u>Thh/NO/S</u> 3. <u>36-44499222</u> (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 319/ NW 18<sup>TH</sup> NE., FT. LAUDERDALE, FL 33309 (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Office Address: 3191 NW 18<sup>TH</sup> AVE. 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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)

11. 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.

## 12. Names and business addresses of officers and/or directors:

	A. DIRECTORS			
	AARON SCHIMMEL			
Address: _	3191 NW18TH AVE.	3		
	FT. LAUDERDANE, FN 33309	2		
Vice Chairn	irman:	\$ 45		
Address: _	<u> </u>			
Director: _	JAMES A. PENTA			
	5100 N. OCEAN BAYD., APT. 911			
	HAUDERDANE BY THE SER, FX 33308			
 Director:	EILEEN C. SCHIMMEL			
Address: _	5100 N. OCEAN BLVD., AFT 1119			
	LAUDERDAKE BY THE SEA, FL 33308			
B. OFFIC	ICERS			
President: _	AARON SCHIMMEN	- •		
Address: _	3191 NW 18TH AVE.			
	FT. LAUDERDALE, FL 33309			
Vice Preside	ident: JAMES A. PENTA			
	SIDO N. OCEAN BLYD., APT 911	,,, , , , , , , , , , , , , , , , , ,		
•	LAUDERDANE BY THE SEA, FL 33308	·		
	EILEEN C. SCHIMMEL			
Address:	5100 N. OCSAN BAYD., APT 1119, LBTS, FL 30	3308		
	1 0 1			
Address: _	5100 N. OCSAN BAND. APT 911, LBTS, FL 33308			
	If necessary, you may attach an addendum to the application listing additional officers and/or direction	ectors.		
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applicat	ion)		
14/	AARON SCHIMMEN, CHAIR, PRES., DIRECTOR			
	(Typed or printed name and capacity of person signing application)			



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



Desse White