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SECRETARY OF STATE

COVER LETTER

RECEIVED

TO: New Filing Section Division of Corporations	JUL 13 2007			
	ant a sact O. Line			
SUBJECT: Amouran Star fir				
(Name of corporation	(Name of corporation - must include suffix)			
Dear Sir or Madam:	•			
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," and check are submitted to rettransact business in Florida.				
Please return all correspondence concerning this matter t	o the following:			
Irving Nadler	·			
(Name of Person)				
	72.0			
(Firm/Com				
500 S.Ocean Bird, the Boca Raton, FL 33	1803			
(Addre	ss) 358 19			
Boca Kutton, FL 30	3432 FIG T			
(City/State ar	nd Zip code)			
•				
For further information concerning this matter, please call:				
Ranae Levine at (301) 816-4646 (Name of Person) (Area Code & Daytime Telephone Number)				
(Area Co	ode & Daytime Telephone Number)			
Mary Marine	;			
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Englosed is a check for the following amount:				
	Certified Copy S87.50 Filing Fee, Certificate of Status & Certified Copy			

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT RUSINESS 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.

Æ	GISTER'S POREIGN CORT ORATION TO TRANSACT BOSINESS BY THE STATE OF TECHENA.				
ı.	A mencan Star Financial, inc Enter name of corporation; must include "Incorporated," "Company," "Corporation,"				
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")				
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)				
2.	Montgomen - Muniford 3. 52-1784668 State or country under the law of which it is incorporated) (FEI number, if applicable)				
4	m 1 /n -				
	(Date of incorporation) 5. VCrptual (Duration: Year corp. will cease to exist or "perpetual")				
6.	(D. 4. Sud hanned, J. Ludone, la Physica, Mandage, projection)				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)					
7. 6189 Exerctive Blod, ROCKVI'RE, MD 20852 (Principal office address)					
-	(Current mailing address)				
	Mariana O ali dan dan dan dar				
8.	(Purpose(s) of corporation authorized in home state or occurring to be carried out in state of Florida)				
ο .					
7.					
	Name: Iving Noolly				
Of	Tice Address: 500 S. Ocean Blud #1803				
	Boca Raton, Florida 33432 (City) (Zip code)				
	\sim . The second of ω_{i}				
	Registered agent's acceptance: ving been named as registered agent and to accept service of process for the above stated corporation at the place				
des	ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties				
	I am familiar with and accept the obligations of my position as registered agent.				
	$M_{\alpha}M_{\alpha}$				
ming Mille					
•	(Régistered agent's signature)				
	Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to 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				
Chairman:				
Address:				
Vice Chairman:				
Address:				
Director:	70 =			
Address:	CCR ET			
	ASA I			
Director:				
Address:	T.S.			
Addition.				
	T T T			
B. OFFICERS	•			
President: Kaith Rosenbloom				
Address: 18007 Wildman Ct.				
Boyds, MD 20841				
Vice President: Keral Wire				
Address: 53 Onchand Way N				
Potomacium 20854				
Secretary: Konel Wine				
Address: <u>Saa above</u>	<u> </u>			
Treasurer: Julie Millilan				
Address: 765 Marion St. Donker, CO 30218				
, · · · · · · · · · · · · · · · · · · ·				
NOTE: If necessary, you may attach an addendum to the application listing additional officers	and/or directors,			
13. (Signature of Director or Officer listed in number 12 of the application)				
Penér lelling Vica Presiden	.			
(Typed or printed name and capacity of person signing application)				

· STATE OF MARYLAND Department of Assessments and Taxation

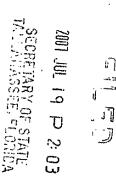
I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT AMERICAN STAR FINANCIAL, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE-REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 13, 2007.

Paul B. Anderson Charter Division





301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097