

F09000004437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

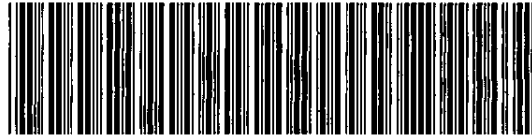
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/16/09--01045--007 \*\*78.75

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DIVISION OF CORPORATIONS  
2009 NOV 10 PM 3:48

11/12/09

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** cloverstar, Inc  
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," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Amber Moss

Name of Person

cloverstar, Inc

Firm/Company

1218 Hunterman Ln

Address

Winter Garden FL 34787

City/State and Zip code

clover.star@gmail.com

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

For further information concerning this matter, please call:

Amber Moss

Name of Person

at (407) 765-2799

Area Code & Daytime Telephone Number

**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

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Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Cop    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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DIVISION OF CORPORATIONS

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October 19, 2009

AMBER MOSS  
1218 HUNTERMAN LN  
WINTER GARDEN, FL 34787

SUBJECT: CLOVERSTAR, INC  
Ref. Number: W09000046448

We have received your document for CLOVERSTAR, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 509A00033339

**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.

1. cloverstar, Inc  
(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. New York 3. 27-0890380  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/01/2009 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4004 36<sup>th</sup> Avenue 2A, Long Island City, NY 11101  
(Principal office address)

4004 36<sup>th</sup> Avenue 2A, Long Island City, NY 11101  
(Current mailing address)

8. In order to conduct business - chairperson, Amber Moss currently resided in FL.  
(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 NOT acceptable)

Name: Amber Moss

Office Address: 1218 Hunterman Ln

Winter Garden, Florida 34787  
(City) (Zip code)

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**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.*

Amber Moss

(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**

Chairman: Amber Moss

Address: 1218 Hunterman Ln  
Winter Garden FL 34787

Vice Chairman: Vivian Lee

Address: 4004 36th Avenue 2A,  
Long Island City NY 11101

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Amber Moss

Address: 1218 Hunterman Ln  
Winter Garden FL 34787

Vice President: Vivian Lee

Address: 4004 36th Avenue 2A  
Long Island City NY 11101

Secretary: Vivian Lee

Address: 4004 36th Avenue 2A, Long Island City NY 11101

Treasurer: Amber Moss

Address: 1218 Hunterman Ln, Winter Garden FL 34787

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Amber Moss  
(Signature of Director or Officer listed in number 12 of the application)

14. Amber Moss, President  
(Typed or printed name and capacity of person signing application)

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**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of CLOVERSTAR, INC. was filed on 08/31/2009, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 27th day of October two  
thousand and nine.*

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