# 10000001462

(Re	equestor's Name)				
(Address)					
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

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OIVISION OF CORPORATIONS

MD 3/24



# FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2009

STEVEN MOREY FIVE STAR TELECOM, INC. 5136 MORMON COULEE RD. LACROSSE, WI 54601

SUBJECT: FIVE STAR TELECOM, INC.

Ref. Number: W09000052586

We have received your document for FIVE STAR TELECOM, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6995.

Wanda Cunningham Regulatory Specialist II New Filing Section

Letter Number: 909A00036989

# **COVER LETTER**

TO:	New Filing Sco Division of Co				
SUB.	JЕСТ: <i>Ё</i>	Five Star Telecon	n,	Inc.	
		(Name of corpor	ratio	n - must include suffix)	
Dear	Sir or Madam:				
"Cert		tion by Foreign Corporation to," and check are submitted rida.			
Please	e return all corresp	oondence concerning this ma	itter	to the following:	
		Steven	1	Morey Person)	
		(Nam	e of	Person)	
		Five Star	Tel	ecom, Inc.	
		5136 Mori	noi	n Coulee Ro css) WI 54601	l
		(A	Addr	ess)	
		LaCrosse		WI 54601	
		(City/Sta	ate a	nd Zip code)	
For fu	orther information	concerning this matter, plea	se c	all:	
Н	erhort F C	Sust CPA at (61	18	182-7293	
	(Name of Pers	Sust, ClA at ( lol on) (Ar	ea C	Code & Daytime Teleph	one Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	Tallahassee, Fl	. 32301			
Enclo	sed is a check for	the following amount:			
<b>X</b> S7	0.00 Filing Fee	☐\$78.75 Filing Fee & Certificate of Status	٥	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	ITH SECTION 607.1503, FLORI GN CORPORATION TO TRANS			TED 180
1. <u>F</u> j	ve Star Telecom pration; must include "INCORPORA	Inc.	ANNU ACORDOR ATTION IN	
"Inc.," "Co.," "Corp.	oration; must include "INCORPORA" "Inc," "Co," or "Corp.")	TED," "COMPA	ANY," "CORPORATION,"	<b>P</b> 3
			· · · · · · · · · · · · · · · · · · ·	<b>4: 22</b>
•	in Florida, enter alternate corporate	-		s in Florida) (
2. Wisc	er the law of which it is incorporated	3	39-/70/899	
46	-/-/99/ incorporation)	5	terpetual	
(Date of i			: Year corp, will cease to exist or "	perpetual")
6		-1-09		
	(Date first transacted bus (SEE SECTIONS 607.1501 &			
7. <u>/43</u> /	Vindward CAY (Principal office)			
	_			
	Same (Current maili	an addunasa	1996-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
	Current mann	ng address)		
8. Tolec	comunications equipme	ont stes +	Service	
•	•	-		
	ldress of Florida registered agent			
Name:	Steven Morey			
Office Address: _	Steven Morey  143 Windward Cay  Norples  (City)			
	Maples	, Flo	rida <u>34//4</u>	
	(City)		(Zip code)	

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				
Chairman: <u>Steven Morey</u>	<b>5</b> 0			
Address: 143 Windward Cay	SECR.			
Naples, FL 34/14	R 18			
Vice Chairman: Cheryl Morey	70 ROD			
Address: 143 Windward Cay	STAT JRAT			
Naples, FL 34114	ONS ONS			
Director: Chad Midtlien				
Address: 5/167 Highway K				
Chaseburg, WI 54621				
	ndu Randall			
Address: N 5909 Park Drive / 51	922 Davidson Lane			
	aseburg, WI 54621			
B. OFFICERS	J			
President: <u>Steven Morey</u>				
Address: 143 Windward Cay				
Naples, FL 34114				
Vice President: Chery/Morey				
Address: 143 Windward Cay				
Naples, FL 34/14				
Secretary: (hery/ Morey				
Address: 143 Windward Cay, Naples, FL	34/14			
Treasurer: Steven Morey				
Address: 143 Windward Cay, Naples, FL	34114			
Address: /// // // // // // // // // // // // /	2 1 11 1			
NOTE: If necessary, you may attach an addendum to the application listing additional	officers and/or directors.			
13. SURMON	• • • • • • • • • • • • • • • • • • • •			
(Signature of Director or Officer listed in number 12 of the applied	cation)			
14. STEVEN R Morey President	tion)			
(Typed or printed name and capacity of person signing application)				

DOM 180 181 185 183

### United States of America

State of Wisconsin



### DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions do hereby certify that

## FIVE STAR TELECOM, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is April 15, 1991.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622, 181.0120 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 8, 2010.

RAY ALLEN, Deputy Administrator Division of Corporate & Consumer Services Department of Financial Institutions

BY: Patraia Weben

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.