

F10000002008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

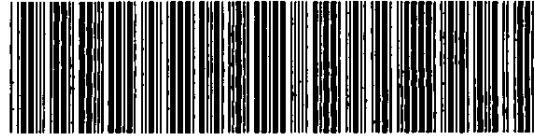
Certified Copies _____ Certificates of Status _____

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~~WD - 18416~~

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[Handwritten signature]



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04/30/10--01007--021 **650.00

04/14/10--01027--001 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 28 PM 4:42

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Three Stars, 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:

Julie Elling

Name of Person

Myra P. Nicholson, P.A.

Firm/Company

1743 Park Center Drive, Suite 200

Address

Orlando, FL 32835

City/State and Zip code

julie@mnicholson-law.com

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

For further information concerning this matter, please call:

Julie Elling

Name of Person

at (407) 803.4775

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2010

MYRA P. NICHOLSON, P.A.
1743 PARK CENTER DRIVE
SUITE 200
ORLANDO, FL 32835

SUBJECT: THREESTARS OF CENTRAL FLORIDA, INC.
Ref. Number: W10000018416

We have received your document for THREESTARS OF CENTRAL FLORIDA, 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):

You failed to make the correction(s) requested in our previous letter.

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 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) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 310A00009330

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

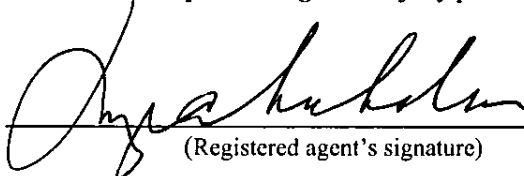
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Three Stars, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- ThreeStars of Central Florida, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. MO 3. 26-4412192
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/28/2007 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1743 Park Center Drive, Suite 400, Orlando, FL 32835
(Principal office address)
- 1743 Park Center Drive, Suite 400, Orlando, FL 32835
(Current mailing address)
8. To engage in any lawful act or activity for which corporations may be organized under the F
(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: Myra P. Nicholson, P.A.
- Office Address: 1743 Park Center Drive, Suite 200
- Orlando, Florida 32835
(City) (Zip code)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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.


(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Benjamin Darr

Address: 1743 Park Center Drive, Suite 400, Orlando, FL 32835

Director: _____

Address: _____

B. OFFICERS

President: Benjamin Darr

Address: 1743 Park Center Drive, Suite 400, Orlando, FL 32835

Vice President: _____

Address: _____

Secretary: Benjamin Darr

Address: 1743 Park Center Drive, Suite 400, Orlando, FL 32835

Treasurer: _____

Address: _____

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)

14. Benjamin Darr, DPS

(Typed or printed name and capacity of person signing application)

STATE OF MISSOURI



Robin Carnahan
Secretary of State

**CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING**

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

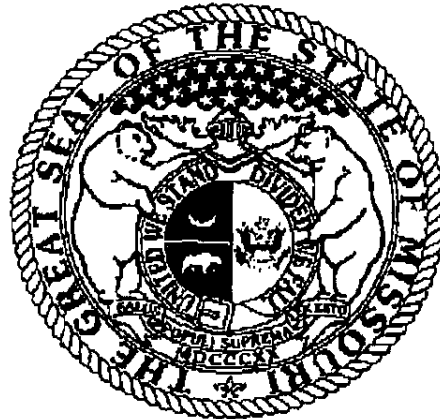
**THREE STARS, INC.
00846317**

was created under the laws of this State on the 28th day of September, 2007, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 28th day of April, 2010

A handwritten signature in cursive script that reads "Robin Carnahan".

Secretary of State



Certification Number: 12786664-1 Reference:
Verify this certificate online at <https://www.sos.mo.gov/businessentity/soskb/verify.asp>