F1400000439S

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Ви	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only

W1400059142

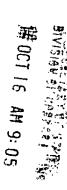
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T. SCOTT



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2014

STEPHANIE MARZ 80 ARRGO PKWY ORMOND BEACH, FL 32174

SUBJECT: MI-STARZ HOMES, INC

Ref. Number: W14000059142

We have received your document for MI-STARZ HOMES, 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) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 614A00020720

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Mi-Starz Homes		
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:		
Stephanie Marz Name of Person		
Name of Person		
Firm/Company		
80 Arrain PKW +, Ormand Beach 71 32174		
Address		
SO Arrayo PKW +, Ormand Beach, 71 32174 Address Ormand Beach, 71 32174 City/State and Zip code		
City/State and Zip code		
E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person Area Code & Daytime Telephone Number		
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
New Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32314		
Tallahassee, FL 32301		
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$\Boxed{\sigma}\$ \$78.75 Filing Fee & Certificate of Status \$\Boxed{\cong}\$ \$78.75 Filing Fee & Certificate of Status & Certified Copy \$\Boxed{\cong}\$ \$278.75 Filing Fee & Certified Copy \$\Boxed{\cong}\$ \$278.7		

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 Mi- Stars Homes 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. Vega 9 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 80 Arroyo PKun Ormono Beach, 7/ 52174 (Principal office address)
(Current mailing address)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Stephanie Marz
Office Address: 80 Acroro PKWY
Omond Beach, Florida 32174 (City) (Zip code)
9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place

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)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRE	
Chairman:	
Address: _	a condit that introduction to sever the
Vice Chair	man:
Address:	
_	
Director:	OC TREE
Address:	On 744
	77 77
Director:	9:
	and the second of the second o
Audress:	
•	Stephanie Marz
Address:	86 Arrap Pkry, Ormand Berch 71 32174
Vice Presi	dent:
Secretary:	Stochanie Marz
Address:	So know Pkwy Ormand Reach, Fl 32174
Treasurer:	Stanbanie Mirz
	80 Jorge PKung amord Bech, 7 32 Feb
Address:	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12	Signature of Director or Officer
	er or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein
	nd that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in \$\square\$ 817.155, F.S.
13	Mars 1
	(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, MI-STARZ HOMES, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 27, 2014, and is in good standing in this state.

THE OF THE OF

Electronic Certificate
Certificate Number: C20140910-2712
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 10, 2014.

ROSS MILLER Secretary of State