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COVER LETTER

TO:	Registration Sec								
	Division of Corp Star Graph								
SUBJ	ECT:	ics, inc							
2020		Name of o	orporation	- must	include suffix				
Dear S	Sir or Madam:								
"Certi	ficate of Existence	on by Foreign Corpo ," or "Certificate of a corporation to tran	Good Stan	ding" a	ınd check are su				
	return all correspo M Chinski	ondence concerning	this matter	to the	following:				
			Name of I	Person	<u> </u>	, , , , , , , , , , , , , , , , , , , 			
Star Gr	raphics, Inc								
Firm/Company					5				
1590 Ludlow Road					EH .	寸			
			Addre	ss			1/2 1/3	- <u> </u>	一
Marco	Island, FL 34145							.	
judych	inski@gmail.com	C	Sity/State ar	nd Zip	code			(C)	
		E-mail address: (t	o be used f	or futu	re annual report	notification)		· <u>5</u>	
For fin	rther information o	concerning this matt	er nlease c	ail·	-	•			
		oncerning this matt	•						
Judith 1	M. Chinski	at :	847 (867∙ ``	-8870				
	Name of Person		Area Code	_/ e	Daytime Tele	phone Numbe	r		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314						
Enclos	ed is a check for the	he following amoun	t:						
☐ \$70	0.00 Filing Fee	\$78.75 Filing For Certificate of S			5 Filing Fee & fied Copy		Filing licate of led Copy	Status	&z

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. Star Graphics, Incorporated 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") North Star Graphics Incorporated (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Minnesota (State or country under the law of which it is incorporated)

3. 41-1514414

(FEI number, if applicable) 2. January 1, 2016 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1590 Ludlow Rd, Marco Island, FL 34145 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) RONALD S. WEBSTER Name: 800 N. COLLIER BLVD. #203 Office Address: MARCO ISLAND (City)

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 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. DIRECTORS Judith M Chinski Chairman: 1590 Ludlow Rd. Marco FL 34145 Vice Chairman: Address: James R Robellard Director: 1590 Ludlow Rd, Marco Island, FL 34145 Address: Michael J Robellard Director: 7696 Gerald Dr. Middleburg Hts, OH 44130 Address: **B. OFFICERS** Judith M. Chinski President: 1590 Ludlow Rd Address: Marco Island, FL 34145 Michael J Robellard Vice President: 7696 Gerald Dr, Middleburg Hts, OH 44130 Address: James R Robellard Secretary: 1590 Ludlow Rd, Marco Island, FL 34145 Address: . James R Robellard Treasurer: 1590 Ludlow Rd, Marco Island, FL 34145 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 13. JUDITH M. CHINSKI

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

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

STAR GRAPHICS INC.

Date Filed:

02/26/1985

File Number:

4W-382

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

02/17/2016



Atere Vimm

Steve Simon

Secretary of State State of Minnesota

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOR	REIGN CORPORATION TO TRANSACT E	TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.
Star Graphics, Ir	•	
(Enter name of co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
North Star Grapl	nics Incorporated	
		adopted for the purpose of transacting business in Florida)
Minnesota	3	41-1514414
(State or country	v under the law of which it is incorporated)	41 - 15 4 41 4 (FEI number, if applicable)
4 2/26/	1985	
(Date January 1, 2016	of incorporation)	(Date of duration, if other than perpetual)
1590 Ludlow Rd,	Marco Island, FL 34145	Florida, if prior to registration) 02, F.S., to determine penalty liability)
/· <u></u>	(Princip	al office address)
· · · · · · · · · · · · · · · · · · ·	(Current mailin	g address, if different)
8. Name and street	<u>address</u> of Florida registered agent: (P.O	D. Box NOT_acceptable)
Name:	RONALD S. WEBSTER	
Office Address:	800 N. COLLIER BLVD. #203	·
	MARCO ISLAND	, Florida
	(City)	(Zip code)
designated in this of further agree to co	ed as registered agent and to accept servio application, I hereby accept the appointm	ce of process for the above stated corporation at the place tent as registered agent and agree to act in this capacity. I elative to the proper and complete performance of my way was my position as registered agent.
_	(AUM XAMM)	
	(Registered a	gent'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. DIRECTORS Judith M Chinski Chairman: 1590 Ludlow Rd, Marco FL 34145 Address: Vice Chairman: James R Robellard Director: 1590 Ludlow Rd, Marco Island, FL 34145 Address: Michael J Robellard Director: 7696 Gerald Dr, Middleburg Hts, OH 44130 Address: **B. OFFICERS** Judith M. Chinski President: 1590 Ludlow Rd Address: Marco Island, FL 34145 Michael J Robellard Vice President: 7696 Gerald Dr, Middleburg Hts, OH 44130 Address: James R Robellard Secretary: 1590 Ludlow Rd, Marco Island, FL 34145 Address: James R Robellard Treasurer: 1590 Ludlow Rd, Marco Island, FL 34145 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 13. JUDITH M. CHINSKI PRESIDENT
(Typed or printed name and capacity of person signing application)