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(City/State/Zip/Phone #)

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SECRETARY OF
TALLAHASSEE, FLORIDA
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SEP 22 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

Star Ship Cruise Line Inc.

SUBJECT: _____
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:
Star Ship Cruise Line Inc.

Name of Person
Star Ship Cruise Line Inc.

Firm/Company
6329 State Road 54

Address
New Port Richey, FL 34653

City/State and Zip code
dhaliwalg@yahoo.com

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

For further information concerning this matter, please call:

Gunwant S Dhaliwal

727

844-5555

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

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

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

**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 Ship Cruise Line Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Star Ship Cruises Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Puerto Rico 66-0865458

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
09/10/2016 N/A

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
09/20/2016

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
6329 State Road 54, New Port Richey, FL 34653

7. _____
(Principal office address)
same

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

GSD Management Services LLC

Name:

6329 State Road 54

Office Address:

New Port Richey

34653

(City)

, Florida

(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 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.

16 SEP 21 AM 11:20

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Gunwant S Dhaliwal

Chairman:

6329 State Road 54, New Port Richey, FL 34653

Address:

Marc Baron

Vice Chairman:

6329 State Road 54, New Port Richey, FL 34653

Address:

Tejinder Dhaliwal

Director:

6329 State Road 54, New Port Richey, FL 34653

Address:

Director:

Address:

B. OFFICERS

to be decided

President:

Address:

to be decided

Vice President:

Address:

to be decided

Secretary:

Address:

to be decided

Treasurer:

Address:

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

12. _____

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.

Gunwant S Dhaliwal, Chairman

13. _____

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

10 SEP 21 AM 11:20
STATE DEPT. OF STATE
TALLAHASSEE, FL 32304



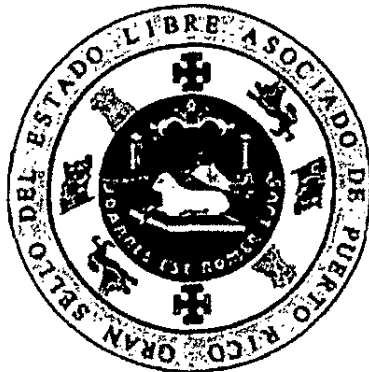
Commonwealth of Puerto Rico
DEPARTMENT OF STATE
San Juan, Puerto Rico

16 SEP 21 AM 11:20
SECRETARY OF STATE
OFFICE OF THE SECRETARY
SAN JUAN, P.R.

CERTIFICATE OF REGISTRY

I, **VÍCTOR A. SUÁREZ MELÉNDEZ**, Secretary of State of the Commonwealth of Puerto Rico;

CERTIFY: That **STARSHIP CRUISELINE INC.**, register number **383126**, is a **Domestic For Profit Corporation** organized under the laws of Puerto Rico on this **10th of September, 2016 at 07:57 PM**. The date from which the entity will be effective is **September 11, 2016**.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, Puerto Rico, today, **September 10, 2016**.

VÍCTOR A. SUÁREZ MELÉNDEZ
Secretary of State