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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CELLSTAR COMMUNICATION, 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:
FADY SOUFI
Name of Person
CELLSTAR COMMUNICATION, INC
Firm/Company
13803 C HWY TY EAST
Address
INDIAN TRAIL NC 28079 City/State and Zip code
A
A DCPA PC @ VAHOO. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FADY SOUFI at (704) 771-5737 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations 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 □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status & Certified Copy □ \$70.00 Filing Fee & □ \$78.75 Filing Fee & Certified Copy □ \$78.75 Filing Fee & 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.

1. CELLSTAR COMMUNICATION . INC (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
and m	! -
	12.00 10.00
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida,	orida)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida. 2.	重
(State or country under the law of which it is incorporated) (FEI number, if applicable)	(¹)
4. <u>JUNE 13, 2013</u> 5.	(C)
(Date of incorporation) (Date of duration, if other than perpetual)	
6 March 3,2017	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 7733 WEST HILLSBOROUGH AVE TAMPA FL	2345
(Principal office address)	<u> </u>
13803 C HWY 74 EAST INDIAN TRAIL NC 2	2079
(Current mailing address, if different)	<u> </u>
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: FADY SOUFI	
Office Address: 7733 WEST HILLS BOROUGH AVE	
TAMDA , Florida 33615 (Zip code)	
(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 plac

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 Chairman: FADY SOUFI Address: 13803 C HWY TY EAST IN DIAN TRAIL NC 28070 Vice Chairman: Address: _____ Address: ___ Director: **B. OFFICERS** President: FADY SOUFI Address: 13803 C HWY 74 EAST INDIAN TRAIL NC 28079 Vice President: Address: Secretary: _____ Address: Treasurer: **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. FADY SOUFT, PREST DENT
(Typed or printed name and capacity of person signing application)



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

CELLSTAR COMMUNICATION INC

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 19th day of June, 2013, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 2nd day of March, 2017.

Elaine I. Marshall

Secretary of State