

F1700000258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600296799786

03/20/17--01001--011 **78.75

MAR 20 2017
S. YOUNG

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 17 AM 9:40

RECEIVED
2017 MAR 17 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

78.75

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 3/17 *H. Wells*

☒ CERTIFIED COPY

☐ PHOTOCOPY

☐ CUS

☒ FILING

Foreign Corp

1. *Star Ventures Inc.*
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

17 MAR 17 AM 9:40
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS:

**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 Ventures Inc.

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

Star Ventures FL Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Wyoming

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

01/06/2017

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

01/06/2017

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

690 S Highway 89 Suite 200 Jackson, WY 83001

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: Alan S. Gassman, Esquire Gassman, Crotty & Denicolo, P.A.

Office Address: 1245 Court Street, Suite 102
Clearwater, Florida 33756
(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 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.

17 MAR 17 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: William Pena

Address: 690 S Highway 89 Suite 200 Jackson, 83001 83001

Director: _____

Address: _____

B. OFFICERS

President: William Pena

Address: 690 S Highway 89 Suite 200 Jackson, 83001 83001

Vice President: _____

Address: _____

Secretary: William Pena

Address: 690 S Highway 89 Suite 200 Jackson, 83001 83001

Treasurer: William Pena

Address: 690 S Highway 89 Suite 200 Jackson, 83001 83001

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.

13. William Pena/ President

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

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 17 AM 9:49

STATE OF WYOMING
Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

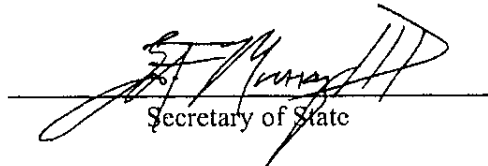
Star Ventures Inc.
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **January 6, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000738123**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 17th day of March, 2017 at 10:26 AM. This certificate is assigned 022526012.




Secretary of State

17 MAR 17 AM 9:49

SECRETARY OF STATE
1511 10/10/2017 11:00 AM

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.