F17000004228

(Requestor's Name)						
(Ac	ddress)					
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	of Status				
Speciał Instructions to Filing Officer:						

Office Use Only



600303399926

09/30/17--01006--035 ++87.50

J |21/17

17 SEP 20 AN 9:5 SECHETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section						
	Division of Corporations						
	STARLITE FARM, INC.						
SUBJ	ECT:		_				
	Name of	corporation	on - mus	t include suffix			
Dear S	Sir or Madam:						
"Certi	nclosed "Application by Foreign Corp ficate of Existence," or "Certificate o referenced foreign corporation to tran	f Good St	anding"	and check are submi	Business in Florida." tted to register the		
	e return all correspondence concerning CY A O'NEILL CPA	g this mat	ter to the	e following:			
		Name o	of Persor	 1			
O'NEI	LL & O'NEILL CPA'S						
POB	OX 1181	Firm/Co	ompany				
		A de	dress				
WEST	TFORD MA 01886	Adi	11622				
		City/State	and Zip	code			
ONEI	LLCPANANCY@AOL.COM						
	E-mail address:	(to be use	d for fut	ure annual report not	ification)		
For fi	urther information concerning this ma	tter, pleas	e call:				
NANCY A O'NEILL		978					
	Name of Person	Area C) ode	Daytime Telepho	ne 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		tion porations			
Enclo	osed is a check for the following amou	unt:					
□ \$*	70.00 Filing Fee S78.75 Filing Certificate of			3.75 Filing Fee & tiffed 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. STARLITE FARM, INC. L. (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) **MASSACHUSETTS** 04 2683827 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) N/A (Date of incorporation) (Date of duration, if other than perpetual) N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 14777 ₩EST HIGHWAY 318 WILLISTON FL 32696 (Principal office address) N/A (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) KIMBERLY JUNGHERR Name: 14フココ 神器 WEST HIGHWAY 318 Office Address: WILLISTON 32696 (City) (Zip code)

Registered agent's acceptance:

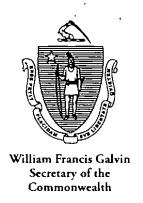
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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 MARK E. JUNGHERR Chairman: ¡Ч٦७७ I₩₽WEST HIGHWAY 318 Address: WILLISTON FL 32696 Vice Chairman: Address: __ Director: Address: Director: _ Address: __ B. OFFICERS MARK E. JUNGHERR President: 14つつつ MAR WEST HIGHWAY 318 Address: WILLISTON FL 32696 KIMBERLY JUNGHERR Vice President: ノイコファ PMSS WEST HIGHWAY 318 Address: WILLISTON FL 32696 MARK E. JUNGHERR Secretary: 1 4ファフ 中日 WEST HIGHWAY 318 WILLISTON FL 32696 Address: KIMBERLY JUNGHERR Treasurer: 14777 1497 WEST HIGHWAY 318 WILLISTON FL 32696 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. KIMBERLY JUNGHERR, VICE PRESIDENT 13.

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



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

September 11, 2017

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

STARLITE FARM, INC.

is a domestic corporation organized on **November 28**, 1978, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Villian Travin Galicin