F180000C

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

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 290855 7 5154219

AUTHORIZATION : CAPITAL CONTROL OF THE PARTY OF THE PARTY

COST LIMIT : \$ 70.00

ORDER DATE : July 9, 2018

ORDER TIME : 3:01 PM

ORDER NO. : 290855-020

CUSTOMER NO: 5154219

FOREIGN FILINGS

NAME: STARA CORPORATION

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations				
Stara Corporation				
SUBJECT:Nam	e of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign "Certificate of Existence," or "Certification to the enclosed foreign corporation to the enclosed "Application by Foreign Certification by Foreign "Certification by Foreign "Certifi	ate of Good Stan	ding" and check are sub-	et Business in Florida," mitted to register the	
Please return all correspondence conce	rning this matter	to the following:		
Marty Kennedy				
	Name of I	Person		
Perkins Coie LLP				
	Firm/Com	pany		
3150 Porter Drive				
	Addre	SS		
Palo Alto, California 94304				
	City/State ar	nd Zip code		
inkennedy@perkinscoie.com				
E-mail addr	ess: (to be used f	or future annual report n	otification)	
For further information concerning this	s matter, please c	all:		
Marty Kennedy	650 at (838-4434)	838-4434	
Name of Person	Area Code	e Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following a	imount:			
\$\\$70.00 \text{ Filing Fee} \pi \\$78.75 \text{ Filing Fee} \text{Certifica}	ling Fee & C te of Status	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status &	

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.

Stara Corporation 1.	on		
	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,	,,
	ACE CORPORATION		
(If name unavail:	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	business in Florida)
Delaware 2.	3		
(State or countr	y under the law of which it is incorporated)	(FEI number, if app	licable)
May 1, 2018			
4(L)ate	s of incorporation)	(Date of duration, if other the	han perpetual)
(Date	of theorporation,	(Date of datation, if other to	nan perpeduar)
6			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		y)
***	enue, Unit #1000C, Bal Harbour, Florida 33154		-1.0 70
<i>t</i>	(Principal	office address)	
		,	超声出
	(Current mailing	address, if different)	- 10 m
	(Gilletti milling)	iderous, ir amorem,	用品 更 〇
9 Numbered atms	et address of Florida registered agent: (P.O.)	Day MOT aggamentable)	M 8: 59 WOF STATE SEE, FLORIDA
a. Name and stree		Box <u>INOT</u> acceptable)	원년 55
Name:	Corporation Service Company		₽ ₩
	1201 Hays Street		
Office Address:			
	Tallahassee	32301 , Florida	
	(City)	(Zip code)	
9. Registered age	ent's acceptance: ned as registered agent and to accept service	of manager for the above rested	Laurenzation at the stude
	application, I hereby accept the appointme		
	omply with the provisions of all statutes rel		
duties, and I am f	familiar with and accept the obligations of n	ny position as registered agent.	
			Roxanne Turner
	Corporation Service Company		Asst. Vice President
<u>B</u>	y: Kulunu See	 	<u> </u>
	(Registered ago	nt'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 Address: _____ Vice Chairman: Address: Shervin Pishevar Director: 9703 Collins Avenue, Unit #1000C, Bal Harbour, Florida 33154 Address: B. OFFICERS Shervin Pishevar President: 9703 Collins Avenue, Unit #1000C, Bal Harbour, Florida 33154 Vice President: Address: Secretary: 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. Shervin Pishevar, Chief Executive Officer

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



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "STARA CORPORATION" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STARA CORPORATION" WAS INCORPORATED ON THE FIRST DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 203027312

Date: 07-09-18