

F18000005308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

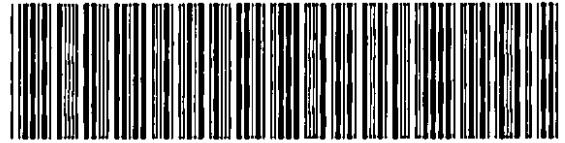
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W18-86764
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18 NOV 20 AM 9:50
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

09/27/18--01006--003 **70.00

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18 SEP 27 AM 11:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

K. SALY

NOV 21 2018

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Southern Star Enterprises, Corp.

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature _____

Requested by: SETH

11/07/18

Name _____

Date _____

Time _____

Check-In _____

Will Pick Up _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2018

CAPITAL CONNECTION, INC.

SUBJECT: SOUTHERN STAR ENTERPRISES, CORP.
Ref. Number: W18000086764

We have received your document for SOUTHERN STAR ENTERPRISES, CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete, missing the first page. Enclosed is the first page for your convenience.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 518A00020248

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18 NOV - 7 PM 3:49



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2018

CAPITAL CONNECTION, INC.

SUBJECT: SOUTHERN STAR ENTERPRISES, CORP.
Ref. Number: W18000086764

We have received your document for SOUTHERN STAR ENTERPRISES, CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 718A00023048

RECEIVED
DIVISION OF STATE
18 NOV 20 PM 2:15

COVER LETTER

TO: Registration Section
Division of Corporations
SOUTHERN STAR ENTERPRISE CORPORATION

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:
MARCELA LAZO

Name of Person
SOUTHERN STAR ENTERPRISES CORP.

120 WINDSOR PLACE . Firm/Company

Address
CENTRAL ISLIP, NY 11722

City/State and Zip code

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

For further information concerning this matter, please call:

MARCELA LAZO 631 8511155

Name of Person 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.

1. **SOUTHERN STAR ENTERPRISE CORPORATION**

(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)

2. **NEW YORK**

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4.

(Date of incorporation)

5.

(Duration: Year corp. will cease to exist or "perpetual")

6. **UPON FILING**

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

7. **120 WINDSOR PLACE, CENTRAL ISLIP, NY 11722**

(Principal office address)

(Current mailing address)

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

Name:

InCorp Services, Inc.

Office Address:

17888 67th Court North

Loxahatchee

(City)

, Florida

33470

(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.



Brittney Winder on behalf of InCorp Services, Inc.

(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.

FILED
18 NOV 20 AM 9:50
TALLAHASSEE, FLORIDA

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18 NOV 20 AM 9:55
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

GIL KORINE

Director: _____

120 WINDSOR PLACE, CENTRAL ISLIP, NY 11722

Address: _____

Director: _____

Address: _____

B. OFFICERS

GIL KORINE

President: _____

120 WINDSOR PLACE, CENTRAL ISLIP, NY 11722

Address: _____

Vice President: _____

Address: _____

GIL KORINE

120 WINDSOR PLACE, CENTRAL ISLIP, NY 11722

Secretary: _____

Address: _____

GIL KORINE

Treasurer: _____

120 WINDSOR PLACE, CENTRAL ISLIP NY 11722

Address: _____

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

12. GIL KORINE Pres.

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.

GIL KORINE, DIRECTOR

3. _____

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of SOUTHERN STAR ENTERPRISE CORPORATION was filed on 03/11/1996, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



FILED
18 NOV 20 AM 9:55
STATE OF NEW YORK
DEPARTMENT OF STATE

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 16th day of November two
thousand and eighteen.*

A handwritten signature in cursive script, reading "Whitney Clark", is written over a faint circular seal.

Whitney Clark
Deputy Secretary of State