F190000027-15

(Requestor's Name)	-
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	
1	;
:	

Office Use Only



900326874459

04/03/19--01005--027 **87.50

ALL ARCOSEE, FLORIDE

B KINSEY JUN 1 2 2019



May 10, 2019

GENE CHANG 3778 MILLIKEN AVENUE, UNIT #A EASTVALE, CA 91752

SUBJECT: SCOOTSTAR INC. Ref. Number: W19000035123

We have received your document for SCOOTSTAR INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6052.

Letter Number: 219A00009486

Brooke N Kinsey Regulatory Specialist II

RECEIVED
JUN 1 1 2019

www.sunbiz.org



April 23, 2019

MICHELLE STANLEY2ND MAILING 11594 SEMINOLE BLVD. LARGO, FL 33778

We have received your document for SCOOTSTAR INC. and your check(s) totaling S87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 119A00008160

RECEIVED

COVER LETTER

TO: Registration : Division of C						
Scootsi	•					
SUBJECT:						_
	Name	of corporation -	must include suffix			
Dear Sir or Madam:						
The enclosed "Applie" Certificate of Existe above referenced for	nce." or "Certificat	te of Good Stand	uthorization to Transact ing" and check are submi in Florida.	Business in Flor tted to register t	ida," he	
Please return all corr Gene Chang	espondence concer	ning this matter t	o the following:			
		Name of Pe	erson			_
Scootstar Inc.						
		Firm/Comp	2017			_
3778 Milliken Ave. Ur	nit #A	rittivComp	any			
		Addres	S		_	_
Eastvale, CA 91752						
		City/State and	I Zip code			
cclmp@hotmail.com		,	1			
	F-mail addre	ss: (to be used fo	r future annual report no	tification)		
	5,,,,,,,	(15 55 0000 1	,		<u>ا</u>	
For further informati	on concerning this	matter, please ca	II:	\$ -	JUN I	
Vanessa Claustro		951	523-7004	\$ 	-	~
		_ at (<u> </u>	. P	•
Name of Pe	rson	Area Code	Daytime Telepho	ine Number 4	61: th	
Registration Division of C Clifton Build	Corporations ding ive Center Circle	SS:	MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee. FL	etion porations		
Enclosed is a check	for the following a	mount:				
☐ \$70.00 Filing Fed		ing Fee & □ e of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filin Certificate Certified C	of Statt	us &

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. Scootstar Inc. ١. (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) 82-4064155 California (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607 4501 & 607 1502, F.S., to determine penalty liability) 3778 Milliken Ave Unit #A, Eastvale, CA 91752 (Principal office address) 3778 Milliken Ave Unit #A, Eastvale, CA 91752 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Michelle Stanley Name 11594 Seminole Blvd. Office Address: Largo (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.

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.

(Registered agent's signature)

A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director:
Address: Vice Chairman: Address: Director:
Vice Chairman: Address: Director:
Address: Director:
Address: Director:
Address: Director:
Director:
Director:
Address:
Director:
Address:
B. OFFICERS President: Gene Chang. Address: 5778 MILLIKEN AVE UNIT. A Eastvale CA 91752
Vice President:
Address: P
Secretary:
Address:
Treasurer:
Address:
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. (Typed or printed name and dapacity of person signing application)

State of California

Secretary of State CERTIFICATE OF STATUS

ENTITY NAME:

SCOOTSTAR INC.

FILE NUMBER: FORMATION DATE: C4099020

01/02/2018

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 19, 2019.

> ALEX PADILLA Secretary of State