

FA000003716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

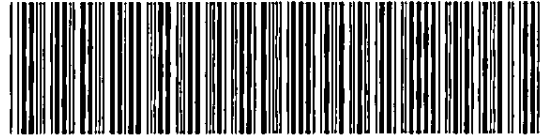
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700333157827

19 AUG 12 PM 1:46

Y SCOTT
AUG 13 2019

2019 AUG 12 PM 4:20
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 878010 4803290

AUTHORIZATION :

COST LIMIT : \$78.75

ORDER DATE : August 12, 2019

ORDER TIME : 12:04 PM

ORDER NO. : 878010-010

CUSTOMER NO: 4803290

2019 AUG 12 PM 4:20
TALLAHASSEE, FL 32301

FOREIGN FILINGS

NAME: ALL STAR AUTO LIGHTS, INC.

XXXX QUALIFICATION (TYPE: CQ)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

**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.*

ALL STAR AUTO LIGHTS, INC.

1. _____
(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)
DELAWARE 84-2659383

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

AUGUST 8, 2019

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

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

281 Tresser Blvd., Suite 601 Stamford, CT 06901

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
_____, Florida _____
(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.

Corporation Service Company.

By: _____

(Registered agent's signature)

Roxanne Turner
Asst. Vice President

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

Chairman: Phillip Druce ✓
281 Tresser Blvd., Suite 601 Stamford, CT 06901

Address: _____

Vice Chairman: Ashish Shetty ✓

281 Tresser Blvd., Suite 601 Stamford, CT 06901
Address: _____

Director: Peter Shabecoff ✓
281 Tresser Blvd., Suite 601 Stamford, CT 06901
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Peter Shabecoff ✓
281 Tresser Blvd., Suite 601 Stamford, CT 06901
Address: _____

Vice President: Phillip Druce ✓
281 Tresser Blvd., Suite 601 Stamford, CT 06901
Address: _____

Secretary: Peter Shabecoff ✓
281 Tresser Blvd., Suite 601 Stamford, CT 06901
Address: _____

Treasurer: Phillip Druce ✓
281 Tresser Blvd., Suite 601 Stamford, CT 06901
Address: _____

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

12. Phillip Druce ✓
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. Phillip Druce, Vice President and Treasurer
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALL STAR AUTO LIGHTS, INC." 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 TWELFTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALL STAR AUTO LIGHTS, INC." WAS INCORPORATED ON THE EIGHTH DAY OF AUGUST, A.D. 2019.

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

2019 AUG 12 PM 4:21
ALL ASSESSED, FLORIDA




Jeffrey W. Bullock, Secretary of State

7544592 8300

SR# 20196460545

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203391141

Date: 08-12-19