

F19000005477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

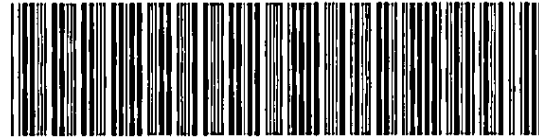
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2019 DEC -9 PM 12:42

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SBF
12/12/19

COVER LETTER

TO: Registration Section
Division of Corporations
Starcom computer Corp., Inc.

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:
Sharon Nuss

Starcom Computer Corp	Name of Person	2019 DEC -9 PM 12:42 FBI EDO
PO Box 1437	Firm/Company	
Bothell WA 98041	Address	
laurie@starcomsoft.com	City/State and Zip code	
E-mail address: (to be used for future annual report notification)		

For further information concerning this matter, please call:

Laurie Pong	425	444-6712
_____	at (_____)	_____
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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.

~~Starcom Computer Corp. Inc.~~

Starcom Computer Corporation, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Washington State

600 420 255

Fed EINE 91-1154989

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

8/5/1981

(FEI number, if applicable)

perpetual

(Date of incorporation)

9/1/19

(Date of duration, if other than perpetual)

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

Mercedes Verdas 1536 SW 9 St Apt 4 Miami FL 33135

(Principal office address)

PO Box 1437 Bothell WA 98041

(Current mailing address, if different)

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

Mercedes Varas

Name:

1536 SW 9 St Apt 4

Office Address:

Miami

33135

, 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.

(Registered agent's signature)

Mercedes Varas
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.

1. Name and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Sharon N Nuss

President: _____

19125 Northcreek Parkway Suite 204

Address: _____

Bothell WA 98011

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. Sharon Nuss Sharon Nuss (President)
Signature of Director or Officer 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. Sharon Nuss President
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

STARCOM COMPUTER CORPORATION, INC.

2019 DEC -9 PM 12:42

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 08/05/1981.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 10/24/2019
UBI Number: 600 420 255



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 10 24 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 26, 2019

SHARON NUSS
PO BOX 1437
BOTHELL, WA 98041

SUBJECT: STARCOM COMPUTER CORPORATION, INC.
Ref. Number: W19000102702

We have received your document for STARCOM COMPUTER CORPORATION, INC. 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 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) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 419A00024103

RECEIVED

DEC 09 2019

Really surprised by the return of this application.

The Letter above states the person signing the document must be noted beneath OR opposite the signature. I put the name & title opposite the signature ^(B) & you sent it back because you wanted it below. Kind of crazy making.

Oh Well Here you go.