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# cover letter

TO: Registration S Division of C					
	ome Capital Inc.				
SUBJECT:		of corporation	- must include suffix	<del></del>	
Dear Sir or Madam:					
	nce." or "Certificate	of Good Stan	Authorization to Transading" and check are subss in Florida.		
Please return all corre	spondence concernii	ng this matter	to the following:		
Shmiel Stern					
		Name of I	Person		
Astar Home Capital Inc					
		Firm/Com	pany		
48 Bakertown Rd. Suite	204				
		Addre	ess		
Monroe, NY 10950					
		City/State ar	nd Zip code		- >
shmiel@astarteam.com					2029
	E-mail address:	(to be used f	or future annual report r	notification)	2028 K.T
For further informatio	on concerning this ma	atter, please c	ali:		<del>-</del>
Shmiel Stern		845- at (	233-6577		
Name of Pers	son	Area Code	Daytime Telep	hone Number	8: 02 
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for Please make check paya 🕱 \$70,00 Filing Fee		PARTMENT g Fee & □	OF STATE ] \$78.75 Filing Fee & Certified Copy	\$87.50 Fil Certificate Certified (	of Status &

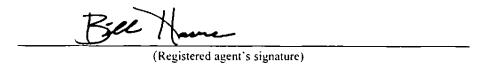
### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Astar Home Ca	pital Inc.			
	orporation; must include "INCORPORATED," forp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
Astar Home Ca	oital			
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting busi	iness in Florida)	
New York		82-2301639		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicab	ole)	
07/27/2017	5			
(Date	of incorporation)	(Date of duration, if other than p	erpetual)	
NA				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150			
48 Bakertown Rd	. Suite 204. Monroe, NY 10950			
•	(Principal offic	e <u>street</u> address)		
			20	
	(Current mailing	address, if different)	20/31	
	(Current mailing	address, if different)	20/31:17	
. Name and <u>stree</u>	(Current mailing et address of Florida registered agent: (P.O.		20/31:718	
			<u>.:</u>	
Name:	et address of Florida registered agent: (P.O. Registered Agents Inc		318 M	
Name:	et address of Florida registered agent: (P.O.		318 M	
	et address of Florida registered agent: (P.O. Registered Agents Inc		-: 	

#### 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.

#### A. DIRECTORS Shmiel Stern ☐ Chairman □ Chairman Name: 48 Bakertown Rd. Suite 204 □ Vice Chairman Address: Address: □ Vice Chairman Monroe, NY 10950 □ Director □ Director ■ President □ President □Vice President □ Vice President □ Secretary ☐ Treasurer □ Treasurer ☐ Secretary □Other \_\_\_\_\_ □ Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman ☐ Chairman Name: □Vice Chairman Address: Address: ☐ Vice Chairman □Director □ Director □ President □President □ Vice President ☐ Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ Other \_\_\_ ☐ Chairman Name: \_\_\_\_\_ □Chairman □ Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: □Director □ Director က □President □President □Vice President \_ □Vice President □ Secretary ☐ Treasurer □ Secretary □ Treasurer □Other \_\_\_\_ Other \_\_\_\_ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 capacity of person signing application)

Shmiel Stern

### State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ASTAR HOME CAPITAL INC was filed on 07/27/2017, under the name of ASTAR FUNDING INC, 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.

A Certificate of Amendment ASTAR FUNDING INC, changing its name to ASTAR HOME CAPITAL INC, was filed 10/17/2017.

The Biennial Statement is past due.



\* \* \*

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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 05th day of May two thousand and twenty.

Braden C Hydra

Brendan C Hughes
Executive Deputy Secretary of State