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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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FOREIGN PROFIT/NONPROFIT CORPORATION

Four Star Investments LTD Corp.

Certificate of Status	1
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M. SOLOMON

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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. Four Star Investments LTD Corp. (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) Bahamas (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 20201 E. COUNTRY CLUB DR. 1710 AVENTURA, FL 33180 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Mariangela Pinheiro Name: 20201 E. COUNTRY CLUB DR. 1710 Office Address: Aventura. 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.

Ashley Goldsmith, Attorney-in-Fact (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.

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A. DIRECTORS							
□ Chairman	Name: JOSE PINHEIRO	Chairman	Name: MARIANGELA B PINHEIRO				
□Vice Chairman	Address: 20201 E. COUNTRY CLUB DR. 1710	□Vice Chairman	Address: 20201 E. COUNTRY CLUB DR. 1710				
□Director	AVENTURA, FL 33180	Director	AVENTURA, FL 33180				
□President		□President					
□Vice President		□Vice President					
□Secretary	☐ Treasurer	Secretary	Treasurer				
Other MGRM	Other	■Other MGRM	Other				
□Chairman	Name:	☐Chairman	Name:SOLANGE SANTOS				
□Vice Chairman	Address: 20201 E. COUNTRY CLUB DR. 1710	□Vice Chairman	Address: 17100 N BAY RD, APT. 1505				
□Director	AVENTURA, FL 33180	Director	SUNNY ISLES BEACH, FL 33160				
□President		President					
□Vice President		□Vice President					
☐Secretary	☐ Treasurer	☐ Secretary	□Treasurer				
■Other MGR	□Other	Other MGR					
			2021				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director		Director	27 2 11				
□President		□President	99 30				
□Vice President		□Vice President					
☐ Secretary	Treasurer	☐ Secretary	☐Treasurer				
Other	Other	Other	Other				
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	Signäture of Director of						
The officer or dire she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in number also information submitted in a document to the Depart	er 11 above) affirms t tment of State constit	hat the facts stated herein are true and that he or utes a third degree felony as provided for in				
1.7	Solange Santos, Director						

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

