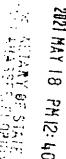
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

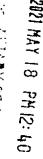
Office Use Only



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JUN 10 2021 M. SOLOMON

### COVER LETTER

TO: Registration Section Division of Corporations		•		
SUBJECT: STARSCHEMA, INC.				
	of corporation -	- must include suffix		<del></del>
Dear Sir or Madam:				
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificat above referenced foreign corporation to	e of Good Stand	ing" and check are submitted to regist		
Please return all correspondence concerr	ning this matter t	o the following:		
TIMEA BARRACK				
	Name of P	erson		_
IMRE BORSANYI CPA PA				
	Firm/Comp	any		
101 N TRYON STREET, STE 112			2 - ,	22
	Addres	is -	<del></del>	- <del>2</del> 2
CHARLOTTE, NC 28246			22.131	ΗÁΥ
City/State and Zip code				 
TIMEA@IB-CPA.COM			1	
E-mail addres	ss: (to be used fo	r future annual report notification)	-(, -(,	- <u>7</u> -
For further information concerning this r	matter, please ca	11:	35 25	F# 12: 40
TIMEA BARRACK	941 at (	320-2206		
Name of Person	Area Code	Daytime Telephone Number		
STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following am Please make check payable to: FLORIDA D \$70.00 Filing Fee  \text{S78.75 Filin} \text{Certificate}	DEPARTMENT Ong Fee &	DF STATE \$78.75 Filing Fee & \$87.50 Fi Certified Copy Certified Certified	e of Stan	ıs &

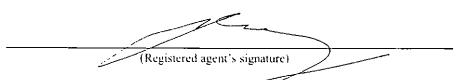
#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

(If name unavail	able in Florida, enter alternate corporate name adop	oted for the purpose of transacting business in Florida	1)	
VIRGINIA 82-5		5259677		
	ry under the law of which it is incorporated)	(FEI number, if applicable)	_	
APRIL 18, 201	8			
(Date	e of incorporation) 5.	(Date of duration, if other than perpetual)	_	
MAY 3, 2021				
	(Date first transacted business in Flo		_	
20801 BISCA VS	(SEE SECTIONS 607.1501 & 607.1502, NE BLVD STE 403-415, AVENTURA, FL 33180	F.S., to determine penalty hability)		
20001 DISCATI			_	
C/O IRCPA 208	Principal office <u>st</u> Of BISCAYNE BLVD STE 403-415, AVENTURA			
C/O IDCI A 200	(Current mailing ad		-	
	(Curtin maning ad	diess, ii differenti	2021	
Name and stre	et address of Florida registered agent: (P.O. Bo	ox NOT acceptable)		•
	et address of Florida registered agent: (P.O. Bo	ox NOT acceptable)	ANTER LANN	ء ء.ء مع
Name and stree	IMRE BORSANYI CPA PA	ox <u>NOT</u> acceptable)	2021 MAY 18 1	
Name:	- •	ox <u>NOT</u> acceptable)	_	
	IMRE BORSANYI CPA PA	ox NOT acceptable)	MAY 18 PH 12: 40	F

#### 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 TAMAS FOLDE Chairman □ Chairman 1201 WILSON BLVD #27 Address: □ Vice Chairman ☐ Vice Chairman Address: ARLINGTON, VA 22209 □ Director □ Director **■**President President □Vice President □Vice President □ Secretary ☐Treasurer ☐ Secretary ☐Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_ □Chairman Name: □Vice Chairman Address; □Vice Chairman Address: □Director □Director □President □ President □Vice President \_\_\_ □Vice President □Treasurer . . . □ Secretary ☐Treasurer □Secretary ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other □ Chairman □ Chairman Name: □Vice Chairman Address: \_\_\_\_\_\_ □Vice Chairman Address: \_\_\_ Director □ Director □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)

TAMAS FOLDI

13.

# Commonwealth of Hirginia



## State Corporation Commission

#### CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That Starschema, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on April 18, 2018;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

May 5, 2021

Bernard J. Logan, Clerk of the Commission