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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : GFS TAX & ACCOUNTING SERVICES

Account Number : I20140000089 Phone : (754)301-2128 Fax Number : (954)252-4650

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@GFSTAXACCT.COM

FOREIGN PROFIT/NONPROFIT CORPORATION STAR SERVICES INC

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H210002213753

COVER LETTER

_	stration Section ion of Corporations			
SUBJECT:	STAR SERVICES INC			
SUBJECT.	Nam	e of corporation -	must include suffix	
Dear Sir or M	ladam:			
"Certificate of		ate of Good Stand	uthorization to Transact Bing" and check are submitt in Florida.	
Please return	all correspondence conce	rning this matter t	o the following:	
GILVAM F D	OS SANTOS			
		Name of P	erson	207
GFS TAX & A	ACCOUNTING SERVICES			2021 JUN
		Firm/Comp	any	
11764 W SAM	IPLE RD STE 102			150 L
		Addres	s	19th 2
CORAL SPRI	NGS FL 33065			Do t
		City/State and	1 Zip code	1 2 S
INFO@GFST	AXACCT.COM			
•	E-mail addr	ess: (to be used fo	r future annual report notif	cation)
For further in	formation concerning this	matter, please ca	II:	
GILVAM DO	S SANTOS	954 at (9573244	
Nam	e of Person	Area Code	Daytime Telephon	e Number
Regis Divis The G 2415	EET/COURIER ADDRI stration Section tion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 hassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations
	—	DEPARTMENT (_	\$87.50 Filing Fee, Certificate of Status & Certified Copy

Page, 5 of 7

H210002213753

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.

STAR SERVIĆ	·		
(Enter name of c	orporation; must include "INCORPORATED," "Corp." "Inc," "Co." or "Corp.")	OMPANY," "CORPORATION,"	
STAR SERVIC	ES USA INC		
(If name unavail	able in Florida, enter alternate corporate name adop	ted for the purpose of transacting b	ousiness in Florida)
MASSACHUSI	ETTS 3 81-3	3427664	
(State or countr	y under the law of which it is incorporated)	(FEI number, if appli	cable)
02/10/2017			
(Date	of incorporation)	(Date of duration, if other than perpetual)	
06/15/2021			
	(Date first transacted business in Flo	rida, if prior to registration)	
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, IT MIRAMAR FL 33023 (Principal office su	ree! address)	
6031 SW 39TH S	(SHE SECTIONS 107/1507 & 107/1502, T MIRAMAR FL 33023 (Principal office section of Courrent mailing address of Florida registered agent: (P.O. Bottle CLAUDIA REGINA CABRERA	dress, if different)	2021 JUN 1 1 PH 4:
. Name and stre	(Principal office set address of Florida registered agent: (P.O. B.	dress, if different)	2021 JUN 11 PH 4: 2b
6031 SW 39TH S	(SHE SECTIONS 107/1507 & 107/1502, T MIRAMAR FL 33023 (Principal office section of Courrent mailing address of Florida registered agent: (P.O. Bottle CLAUDIA REGINA CABRERA	dress, if different) ox NOT acceptable)	2021 JUN 1 1 PH 4:

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.

Ha10002213753

A. DIRECTORS			3.4	Q 10 00 KB 10 10	
□ Chairman	CLAUDIA REGINA CABRERA	□ Chairman	Name:		
□Vice Chairman	T2 HT05 W2 150a	□Vice Chairman	Address:		
□Director	MIRAMAR FL 33023	□Director			_
President		□President			
∐Vice President		□Vice President			_
Secretary	[]Trensurer	☐ Secretary		□Treasurer	
□Other	□Other	□Other		□Other	_
□ Chairman	Name:	☐ Chairman	Name:		
⊡Vice Chairman	Address:	□Vice Chairman	Address:		_
☐Director		[]Director			
□President		□ President			
□Vice President	white the second	□Vice President			
Secretary	[]Treasurer	☐ Secretary		Treasurer	
⊡Other	Other	Other		□Other	
				2021	e.h
□Chairman	Name:	□Chairman	Nume:		-
□Vice Chairman	Address:	□Vice Chairman	Address:		्र स्य
Director		☐ Director	и		
□President		□ President	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11 kg 22	
☐ Vice President	1	□Vice President			
Secretary	☐Treasurer	☐ Secretary		□Treasurer	
Other	Other	□Other		□Other	
individuals may b	Use an attachment to report more than six (6). The cadded to the index when filing your Florida Depar	rtment of State Annual R	cport form.	g purposes only. Non-induxed	
···· /= ···	Signature of Direct	or or Officer			
The officer or dire she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in numbers information submitted in a document to the De	partment of State constitu	nut the facts st utes a third de	tated herein are true and that he gree felony as provided for in	or
PRESIDEN	$\sigma = 0.02 - 0.02$	11/2/2000			



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

June 3, 2021

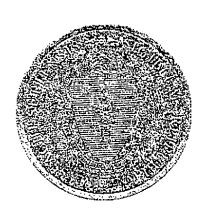
TO WHOM IT MAY CONCERN:

I hereby certify that

STAR SERVICES INC

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on July 18, 2017.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Ellian Travers Galein