# =21000004261

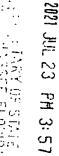
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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'JUL 28 2021 M. SOLOMON

#### **COVER LETTER**

	tration Section ion of Corporations				
SUBJECT:	Sterling Finvest Inc.				
	Name of	corporation -	must include suffix		
Dear Sir or M	adam:				
"Certificate o	"Application by Foreign Corp f Existence." or "Certificate of ced foreign corporation to tra	f Good Stand	ing" and check are submit		
Please return	all correspondence concerning	g this matter t	o the following:		
Michelove Jule	es				
		Name of P	erson		
Marks Gray, P	.Λ.				
		Firm/Comp	any		
1200 Riverplac	ce Blvd, Suite #800				
		Addres	s		
Jacksonville, F	L 32207				
-		City/State and	d Zip code		
mjules@marks					
	E-mail address:	(to be used fo	r future annual report noti	fication)	
For further in	formation concerning this ma	tter. please ca	11:		
Fred H. Kent I	II	at () 807-2107			
Nam	e of Person	Area Code	Daytime Telephor	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sect Division of Corpe P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check for the following amounce payable to: FLORIDA DEI ing Fee	PARTMENT OF Fee &		■ \$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.

January 26, 2006  (Date of inc	•	(FEI number, if applicable) (Date of duration, if other than perpendicular)		_
January 26, 2006  (Date of inc	5			_
(Date of inc	•	(Date of duration, if other than perpendicular)		_
j			etual)	
J				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2. F.S., to determine penalty liability)		-
3473 Satellite Blvd, Su	ite 355N, Duluth. GA 30096			
•	(Principal office	street address)		_
3473 Satellite Blvd, Su	ite 355N, Duluth, GA 30096			202
	(Current mailing a	address, if different)		Ξ
<ol> <li>Name and street add</li> </ol>	lress of Florida registered agent: (P.O. 1	Box <u>NOT</u> acceptable)		լ 23
Name: Fre	ed H. Kent III Esq.		70	P
Office Address: 120	00 Riverplace Blvd, Suite #800	<u> </u>	PÀ.	3: 57
Jac	ksonville	, Florida $\frac{32207}{\text{(Zip code)}}$	•	_
	(City)	(Zip code)		

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					
□Chairman	Name:	□Chairman	Name:	l Kazani	
□Vice Chairman	Address: 3473 Satellite Blvd, Suite 355N,	□Vice Chairman	Address:	73 Satellite Blvd, suite	355N
Director	Duluth, GA 30096	Director	Duluth, GA		
□ Pr <b>e</b> sident		□President			
□Vice President		□Vice President			
☐ Secretary	Treasurer	☐ Secretary		☐ Treasurer	
CEO  Other	□Other	CFO CFO		Other	
⊒Chairman	Gulnaz Kazani Name:	□Chairman	Name:		
∃Vice Chairman	Address: 3473 Satellite Blvd, Suite 355N	□Vice Chairman			
☐ Director	Duluth, GA 30096	Director			
∃President		□President			
-		□Vice President		-	
Secretary	□Treasurer	□ Secretary		☐Treasurer	
·		·		Other	202
Other	□Other	Other	<del></del>	□Otner	<u> </u>
⊐Chairman	Name;	□ Chairman	Name:	1	23
□Vice Chairman	Address:	□Vice Chairman	Address:		PH S
□Director		□Director		<u> </u>	 
□President		President			
□Vice President		□Vice President			
Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other		Other		□Other	
mportant Notice: ndividuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Departm	ent of State Annual R	eport form.	•	dexed
	$\sim$	OF Officer	ASA	N)	

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)

Control Number: 0605582

## STATE OF GEORGIA

### **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### STERLING; FINVEST INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application, for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 21010590 Date Inc/Auth/Filed : 01/26/2006 Jurisdiction : Georgia Print Date : 06/17/2021

Form Number : 211



Brad Rafforsperger

**Brad Raffensperger Secretary of State** 



June 29, 2021

SIRAJ KAZANI STERLING FINVEST INC. 3473 SATELLITE BLVD, SUITE 355N DULUTH, GA 30096

SUBJECT: STERLING FINVEST INC.

Ref. Number: W21000093823

We have received your document for STERLING FINVEST INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 921A00014830