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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Silver Star MTG	
Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Trans "Certificate of Existence," or "Certificate of Good Standing" and check are su above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Andrea Contreras	
Name of Person	
Silver Star MTG	
Firm/Company	
860 Kulm Drive #	106
Chula Vista, CA 9191	4
City/State and Zip code	1
adriana a womtending ne	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please call:	
Adriana (716haons at 619, 253-09	518
Name of Person Area Code Daytime Tele	phone Number
STREET/COURIER ADDRESS: MAILING A Registration Section Registration	
Registration Section Registration Division of Corporations Division of Corporations	
The Centre of Tallahassee P.O. Box 633	27
2415 N. Monroe Street, Suite 810 Tallahassee, Tallahassee, FL 32303	FL 32314
	× 42
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee &	\$87.50 Filing Fee,
Certificate of Status Certified Copy	Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607-1503 FLORIDA STATISTES, THE FOLLOWING IS SUBMITTED TO

(State or country	under the law of whi	ch it is inco	3 rporated)	83-452016 (FEI number, if appl	(8 icable)	-
4	17/19		5			_
(Date	of incorporation)			(Date of duration, if other tha	an perpetual)	
	<u> </u>		7 17	71 11 10 11 11 11		-
				Florida, if prior to registration) 2, F.S., to determine penalty liability)	
3204	w. 96th	Pl.	Hialea	in FL 33018		
		(F	rincipal office	street address)	2022 531	-
		(Ct	arrent mailing	address, if different)		
Name and street	address of Florida	registered	agent: (P.O.	Box NOT acceptable)	F. 72	TO
		10g.5.0.00 . 21 <i>EC</i>		ison <u>i-or</u> noophaole,	PH 4: 4-1	
Name:	ACE PE	400			8 . .	
	102 HF	NLEY	<u> C</u> T		**	
ffice Address:	11) 110					
ffice Address:	JACKSON	VILLE		. Florida 32218		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]

under the law of which it is incorporated.

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

A. DIRECTORS	_					
Chairman	Name: Daniel Contrers	□ Chairman	Name:			
□Vice Chairman	Address: 860 Kulthorive	□Vice Chairman	Address:			
Director	Suite 106	□Director				
President	Chula Vista	□President				
□Vice President	CA, 91914	□Vice President				
Secretary	Treasurer	□Secretary		□Treasurer		
Dother CE	O Gother President	Other		Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□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				
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer		
Other	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						
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 of 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.						
13.	aniel Conteres (C	EO)(Treside	ent)		
(Typed or printed name and capacity of person signing application)						



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: SILVER STAR MTG

Entity No.: 4264697 Registration Date: 04/17/2019

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 17, 2022.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 012567723

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.