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| (Requestor's Name)                            |                    |           |  |  |  |
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| Certified Copies                              | _ Certificates     | of Status |  |  |  |
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Office Use Only



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S. ROBERTS
SEP - 7 2022

| CORPORAT<br>ACCESS, |  |
|---------------------|--|
| INC.                | 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666 |
|                     | WALK IN  |
|                     | PICK UP: 9/7 DANNY   |
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| XX FILING           | FOREIGN INC  |
| GLD STARS           |  |
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**INSTRUCTIONS:** 

(CORPORATE NAME AND DOCUMENT #)

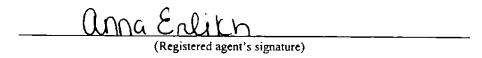
(CORPORATE NAME AND DOCUMENT #)

# 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.

| 1. GJD STARS II  (Enter name of "Inc.," "Co.," "C                | corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATION   | ,,                          |          |   |
|--|---|---|-----------------------------|----------|---|
|  |   |   |                             |          |   |
| (If name unavai  | lable in Florida, enter alternate corporate name a                        | dopted for the purpose of transacting                                       | business in Flo             | rida)    |   |
| NEW YORK   | 3.  |   |                             |          |   |
| (State or country under the law of which it is incorporated) (FE |   | (FEI number, if app   | (FEI number, if applicable) |          |   |
| 12/06/2010   | S.  |   |                             |          |   |
| · · · · · · · · · · · · · · · · · · ·                            |   | (Date of duration, if other th  | nan perpetual)              |          |   |
| 6. 09/07/2022  |   |   |                             |          |   |
|  | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150       | Florida, if prior to registration) 12, F.S., to determine penalty liability | y)                          |          |   |
|  | ESERVE LANE BOCA RATON, FL 33428  (Principal office                       | e <u>street</u> address)  |                             |          |   |
|  | (Current mailing  | address, if different)  |                             | 1922 SEP |   |
| Name and stre  | et address of Florida registered agent: (P.O.                             | Roy NOT accentable)   | ( <del></del>               | SEP      |   |
| o. Ivame and site  |   | box <u>NOT</u> acceptable)  |                             | 1        |   |
| Name:  | ANNA ERLIKH   |   | ,                           | *****    |   |
| Office Address:  | 12178 BOCA RESERVE LANE   |   |                             | A.       | • |
| office Address.  | BOCA RATON  | 22429   | · ·                         | ÷ ;      | • |
|  | (City)  | , Florida 33428 (Zip code)  | •                           | 9        |   |
|  |   |   |                             |          |   |

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  |  |  |  |
|---|--|--|--|
| □Chairman   | ANNA ERLIKH  | □ Chairman   | Name:  |
| □Vice Chairman  | Address:   | □Vice Chairman                                     | Address:   |
| □Director   | BOCA RATON, FL 33428   | □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   | <u> </u>   | □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:<br>individuals may b                  | Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment added to the index when filing your Florida Department of the control of the con | ent of State Annual R                              | ed for reporting purposes only. Non-indexed eport form.  |
| · · · · · · · · · · · · · · · · · · ·                   | Signature of Director  | 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 numberalse information submitted in a document to the Depar  | er 11 above) affirms t<br>trinent of State constit | hat the facts stated herein are true and that he or<br>utes a third degree felony as provided for in |
| 13. ANNA ERL  | (Total as a sisted name and conscieved name  | on signing application                             | n)   |

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

### STATE OF NEW YORK

## DEPARTMENT OF STATE

### Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

GJD STARS INC.

DOS ID Number:

4026810

**Entity Type:** 

DOMESTIC BUSINESS CORPORATION

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

12/06/2010

Statement Status:

**CURRENT** 

Statement Due Date:

12/31/2022

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:

CERTIFICATE OF INCORPORATION

Date of Filing:

12/06/2010

Entity Name:

GJD STARS INC.

Document Type:

BIENNIAL STATEMENT

Date of Filing:

09/07/2022

Effective Date:

12/01/2020

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 07, 2022 at 12:12 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Heyles

By Brendan C. Hughes
Executive Deputy Secretary of State

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