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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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2824	쯢쭕뚕	STARLINE SOLUTIONS, INC.

FOREIGN PROFIT/NONPROFIT CORPORATION STARLINE SOLUTIONS, INC.

Certificate of Status	0
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FEB - 6 2024

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.	SOLUTIONS, INC.		
	orporation: must include "INCORPORATED." " orp." "Inc." "Co." or "Corp.")	COMPANY," "CORPORATION."	
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting by	isiness in Florida)
, Washington	3		
(State or count)	y under the law of which it is incorporated)	(FEI number, if applic	able)
4. 08/19/2021	ς		
· ·	5	(Date of duration, if other than	perpetual)
6.			
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502)		
7901 4th St N	STE 300 St. Petersburg, FL 33702		
· · · · · · · · · · · · · · · · · · ·	(Principal office	street address)	······································
7901 4th St N	N STE 300 St. Petersburg, FL 33702		232
	(Current mailing a	ddress, if different)	ERRA FEB
8. Name and <u>stree</u>	et address of Florida registered agent: (P.O. H	30x NOT acceptable)	MASSS
Name:	Registered Agents Inc	_	EB-5 PM
Office Address:	7901 4th St N STE 300	_	PH 4: 11
	St. Petersburg	. Florida <u>33702</u>	0
	(City)	(Zip code)	

9. Registered agent's acceptance:

CTABLES COLUTIONS IN

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.

7/5/2023 07/30/50 DOT	To: 18506176383	Ocean 3U	Ernon: Duningara

07:49:58 PST -	To: 18506176383	Page, 3/4	From: Registered Agents Inc Fax: 81343652
a. DIRECTORS			
□Chairman	Name: Daniel Haines	□ Chairman	Name: Andrew Haines
□Vice Chairman	Address: 7901 4th St N STE 300	□Vice Chairman	7001 Ath St N STE 200
⊯Director	St. Petersburg FL 33702	L. Director	St. Petersburg FL 33702
□President		₽ President	
□Vice President		□ Vice President	
☐ Secretary	☐ Treasurer	☐ Secretary	□Treasurer
□Other	□Other	□Other	□Other
☐Chairman	Name: Nicole McDougall	□Chairman	Name:
□Vice Chairman	7901 4th St N STE 300	□ Vice Chairman	7901 4th St N STE 300
□ Director	St. Petersburg FL 33702	T Director	St. Petersburg FL 33702
□President		□ President	
□Vice President		□ Vice President	
☐Secretary	☑ Treasurer	∠ Secretory	□ Treasurer
□Other	□Other	□Other	□ Other
□Chairman	Name:	□Chairman	Name:
LIVice Chairman	Address:	∟Vice Chairman	Address:
Director		□ Director	——————————————————————————————————————
□President		□ President	
□Vice President		□ Vice President	
□ Secretary	☐ Treasurer	☐ Secretary	OTREASURE R
□Other	Other	□ Other	
	Lise an attachment to report more than six (6). The	-	

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 5.817.155, F.S.

13. Ashley Croft, Secretary



Secretary of State

1, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

STARLINE SOLUTIONS, INC.

LCERTIFY that the records on file in this office show that the above named entity was formed under the fews of the State of Washington and that its public organic record was filed in Washington and became effective on 05/19/2021.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 01/30/2024 UBI Number: 604 797 731

R Hobbe



Oxon under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Data Issued, 91, 30, 2024