F2400000 1502

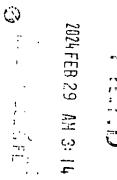
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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COVER LETTER

TO:		tration Section on of Corporations					
SUBJ	FCT·	Statestar Corp					
Name of corporation - must include suffix							
Dear S	ir or M	adam:					
"Certif	icate of	"Application by Foreign Corf Existence," or "Certificate of ced foreign corporation to tra	əf۱	Good Standin	ıg" a	nd check are submitte	siness in Florida," d to register the
Please	return	all correspondence concerning	ıg '	this matter to	the i	following:	
Leopol	do Esco	bar					<u> </u>
				Name of Per	son		
Escoba	ır Legal	P.A					
				Firm/Compa	ny		
8400 N	™ 36th	Street, Suite 450					
				Address			
Doral,	FL, 331	66					
			C	City/State and	Zip	code	
admin	@escob	ar-legal.com					
		E-mail address:	: (t	o be used for	futu	re annual report notifi	cation)
For fu	rther in	formation concerning this m	att	er, please call	:		
Leopoldo Escobar		at	, 786 .	543	Daytime Telephone		
	Nam	ne of Person		Area Code	· ——	Daytime Telephone	Number
STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please	make c	check for the following amount of the check payable to: FLORIDA DI ling Fee	EP g I	ARTMENT C	\$78.	FATE 75 Filing Fee & □ ified Copy	S87.50 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.

Statestar Corp	The American Property of the Company	N. W. WAYNER A KINA II. WAYNER RAND A TIA	(N) ! !		
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	, COMPANY, CORPORATIO	JN,		
(If name unavaila	able in Florida, enter alternate corporate name	e adopted for the purpose of transact	ting business in Florida)		
Delaware	3				
	y under the law of which it is incorporated)	(FEI number, if	applicable)		
October 7, 2019	5	Perpetual			
(Date	of incorporation)	(Date of duration, if other	er than perpetual)		
February 14, 20	24				
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liab	oility)		
649 Almeria Ave	Coral Gables, Florida 33134				
•	(Principal of	fice street address)	-		
		ing address, if different)	*\ <u>\</u>		
. Name and stree Name:	et address of Florida registered agent: (P. Prosumeo Inc	O. Box NOT acceptable)	2024		
Office Address:	11451 NW 82 terrace				
	Doral	, Florida	29		
	(City)	(Zip code)	OSCILL AND TO		
. Registered age	ent's acceptance:		(i)		
laving been nam esignated in this urther agree to c	ed as registered agent and to accept ser application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my p	tment as registered agent and ag relative to the proper and comp	gree to act in this capacity.		
_	My.	erero			
	(Registered agent's	signature)			

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:	□ Chairman	Name:	
□Vice Chairman	649 Alimeiria As Cardi Goblables.	□Vice Chairman	Address: 649 Allmeria Na Cordroblables.	
■Director	Florida, 33134	Director	Florida 33134	
⊡President	649 Almeria Ave Coral Gobbes	□President	649 Almeria Ave Coral gables	
□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	
□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	
	Use an attachment to report more than six (6). The a cadded to the index when filing your Florida Depart			
12.	Signature of Director	or or Officer		
	etor signing this document (and who is listed in num	iber 11 above) affirms th		

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 s.817.155, F.S.

, Juan Carvallo

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "STATESTAR CORP." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTEENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STATESTAR CORP."

WAS INCORPORATED ON THE SEVENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202815337

Date: 02-15-24

7647388 8300 SR# 20240515030