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COVER LETTER

	tration Section ion of Corporations		•				
SUBJECT:	Florida Foreign Qualification	STARV	'iSION	CONTE	ENT CREATION, LL		
	Name of	corporation	- must inclu	de suffix	7		
Dear Sir or M	adam:						
"Certificate of	"Application by Foreign Corp f Existence," or "Certificate of ced foreign corporation to train	f Good Stand	ling" and ch	ieck are subi			
Please return	all correspondence concerning	g this matter	to the follov	ving:			
Raphael Santo	s						
		Name of P	erson	•			
Starvision Con	ntent Creation LLC						
	<u> </u>	Firm/Com;	oany				
2210 Flagler P	romenade Way Apt 401						
		Addres	ss ·				
Maitland, Flor	ida, 32751						
		City/State an	d Zip code	F1E			
raphaelperes_r	ps@hotmail.com						
	E-mail address:	(to be used fo	or future and	ıual report n	notification)		
For further in	formation concerning this ma	tter, please ca	ill:				
Raphael Santos 929 at ()			3917808	3917808 Daytime Telephone Number			
Name	e of Person	Area Code	Day	ytime Telepl	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Ro Di P.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
	check for the following amou leck payable to: FLORIDA DEI ing Fee \$78.75 Filing Certificate of	PARTMENT Fee & 🗆	OF STATE \$78.75 Fili Certified C	-	☐ \$87.50 Filing Fee, Certificate of Status &		

· 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.

ent Creation LLC				
orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "C	OMPANY," "CORPORATION,"		
ible in Florida, enter alternate corporate nar	ne adop	oted for the purpose of transacting business in Florida)		
	3. <u>88-2695736</u> (FEI number, if applicable)			
(State or country under the law of which it is incorporated		(FEI number, if applicable)		
	5.			
of incorporation)		(Date of duration, if other than perpetual)		
menade Way Apt 401, Maitland, Florida, 32	751			
(Current ma	iling ad	dress, if different)		
t address of Florida registered agent: (I Raphael Santos	P.O. Bo	ox <u>NOT</u> acceptable)		
2210 [7]		_		
2210 Flagler Promenade Way Apt 401		_		
Maitland		. Florida 32751		
(City)		(Zip code)		
	orporation; must include "INCORPORATE orp," "Inc." "Co," or "Corp.") able in Florida, enter alternate corporate nary under the law of which it is incorporated) (Date first transacted busines (SEE SECTIONS 607.1501 & 607 menade Way Apt 401, Maitland, Florida, 32 (Principal of Current material address of Florida registered agent: (Inc. Raphael Santos) (210 Flagler Promenade Way Apt 401 Maitland)	orporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.") able in Florida, enter alternate corporate name adoption of incorporation of incorporation) (Date first transacted business in Flot (SEE SECTIONS 607.1501 & 607.1502, menade Way Apt 401, Maitland, Florida, 32751 (Principal office standard registered agent: (P.O. Bornande Santos) 2210 Flagler Promenade Way Apt 401 Maitland		

9. Registered agent's acceptance:

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.

Rephal Ganto
(Registered agent's signature)

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 Name: Raphael Santos □ Chairman □ Chairman Name: _____ UVice Chairman Address: 2210 Flagter Promenade Way □ Vice Chairman Address: ______ □ Director □ Director Maitland, Florida 32751 President □President ☐ Vice President ☐ Vice President ☐ Secretary □Treasurer □ Secretary ☐Treasurer Raphael Santos Other] □Other _____ □Other _____ Other _____ □ Chairman Name: □ Chairman Name: ____ Address: _____ □ Vice Chairman Address: ______ □ Vice Chairman ☐ Director ☐ Director □ President □ President □Vice President ☐ Vice President ☐ Secretary □Treasurer □Treasurer □ Secretary □Other _____ □Other ____ □Other _____ □Other _____ Name: Name: _____ □ Chairman ☐ Chairman □Vice Chairman Address: _____ □ Vice Chairman Address: Director □ Director □ President □President □Vice President □ Vice President ☐ Secretary ☐ Treasurer □ Secretary □Treasurer □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 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.

Raphael Santos, Owner

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "STARVISION CONTENT CREATION, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JULY, A.D. 2024.



Authentication: 203953314

Date: 07-18-24