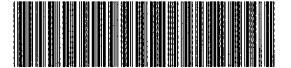
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COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: Four Stars Invest	ments Ltd		
Na	me of Limited Liability Company		
	ility Company for Authorization to Transact Business in Elorida," bove referenced foreign limited liability company to transact busin		
Please return all correspondence concerning this ma	itter to the following:	F	
Diane Nobile		ن ا	
	Name of Person	The second	Time !
Nobile Law Firn	n P.A.	22	
	Firm/Company		
777 Brickell Ave	e, Suite 1114		
	Address		
Miami, Fl 33131	1		
	City/State and Zip Code		
diane@dnobilel	aw.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, plea	se call:		
Diane Nobile	_{at (} 305 577-8911		
Name of Person	Area Code & Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount \$\square\$\$ \$\$125.00 \text{ Filing Fee} \square \$\$130.00 \text{ Filing}\$		ertificate	÷

☐ \$155.00 Filing Fee & Certified Copy

□ \$130.00 Filing Fee & Certificate of Status

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN TO Four Stars Investments Ltd., LLC (Name of Foreign Limited Liability Company; must income the company)			
(Name of Foreign Limited Liability Company; must in	clude	"Limited Liability Company," "L.L.C	2.," or "LLC.")
If name unavailable, enter alternate name adopted for the pur consent of the managers or managing members adopting the a Company," "L.L.C," "LLC.")			
_{2.} Bahamas	3.	(FEI number, if applie	
(Jurisdiction under the law of which foreign limited liability company is organized)	у	(FEI number, if applications)	able)
_{4.} 22 May 2009	5.	Perpetual	
(Date of Organization)		(Duration: Year limited liability co exist or "perpetual")	FT ("
5.			
(Date first transacted business in (See sections 608.501 & 608.502 F	Flor F.S. t	ida, if prior to registration.) o determine penalty liability)	on the
20201 E Country Club Drive 1710			
Aventura, FI 33180		•	2 2
•	ess o	f Principal Office)	and the
 If limited liability company is a manager-manage The name and usual business addresses of the manage Leo Pinheiro and Mariangela Borg 	iana	ging members or managers are a	as follows:
10. Attached is an original certificate of existence, no more than the jurisdiction under the law of which it is organized. (A photogranslation of the certificate under oath of the translator must be startly as a subject of a trember of an (In accordance with section 608.408(3), F.S., the expensities of perjury that the facts stated herein are document to the Department of State constitution.)	subnation authorized	vis not acceptable. If the certificate is in nitted.) promoted in Florida: Real E norized representative of a mem tion of this document constitutes an aftirm. I am aware that any false information	a foreign language, a state ber. nation under the a submitted in a
Diane Nobile			

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	the Limited Liability Co	ompany is:	
Four Sta	rs Investments	Ltd., LLC	
If unavailable, t	he alternate to be used in	the state of Florida is:	
			現。 む
2. The name ar	nd the Florida street addre	ess of the registered agent and office are:	JUL 15
	Nobile Law Fi	rm P.A.	
		(Name)	
777 Brickell Ave, Suite 1114		3 -	
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	
	Miami	_{Fi} 33131	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida

City/State/Zip

Statutes.

• /

(\$ignature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

