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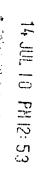
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Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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June 27, 2014

CRISTINA PARRA 470 SAM POUNDS RD KENTWOOD, LA 70444

SUBJECT: LONESTAR RETAIL INCOME FUND, LLC

Ref. Number: W14000040130

We have received your document for LONESTAR RETAIL INCOME FUND, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 614A00014028

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE		
	Name of Limited Liability Company	
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cer ce, and check are submitted to register the above referenced foreign limited liability company to transact business	
Please 1	eturn all correspondence concerning this matter to the following:	
	Cristina Parra	
	Name of Person	
	Firm/Company	
	470 Sam Pounds Road	
	Address	
	Kentwood, LA 70444	
	City/State and Zip Code	
	Cparra85@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For fur	her information concerning this matter, please call:	
	Cristina Parra786280-9596	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
Enclo	sed is a check for the following amount: I \$125.00 Filing Fee \$ \$130.00 Filing Fee & \$ \$155.00 Filing Fee & \$ \$160.00 Filing Fee, Certificate of Status \$ Certified Copy of Status & Certified Cop	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Lonestar Retail Income Fund, LLC	SI BUSINESS IN THE STATE OF FLORIDA;
	nclude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of Liability Company," "L.L.C," or "LLC.")	of transacting business in Florida. The alternate name must include "Limited
_{2.} Louisiana	_{3.} 46-5737979
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
May 10, 2014	
(Date first transacted business	in Florida, if prior to registration.) 905, F.S. to determine penalty liability)
5. 470 Sam Pounds Road	
Kentwood, LA 70444	
•	ress of Principal Office)
6	
(Mi	ailing Address)
7. The name, title or capacity and address of the p	erson(s) who has/have authority to manage is/are:
Cristina Parra , Manager	e o de Total garage
470 Sam Pounds Road	
Kentwood, LA 70444	A TEMPORAL STREET
having custody of records in the jurisdiction under	o more than 90 days old, duly authenticated by the official the law of which it is organized. (A photocopy is not e, a translation of the certificate under oath of the translator
<u>Cyc</u>	for outhorized person
(In accordance with section 605.0203, F.S., the execution of this document of	f an authorized person constitutes an affirmation under the penalties of perjury that the facts stated herein are true nent of State constitutes a third degree felony asprovided for in s.817.155, F.S.)
Cristina	Parra
Typed or prin	ted name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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	Company	is:
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Lonestar Retail Income Fund, LLC

If unavailable, the alternate to be	e used in the	e state of Florida is	3:
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2. The name and the Florida street address of the registered agent and office are:

J. Michael Barrenche

(Name)

1200 Brickell Avenue Suite # 500

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Miami` 33131

City/State/Zip

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 605, Florida Statutes.

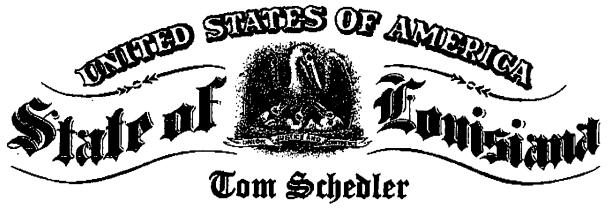
(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do horeby Certify that

a copy of the Articles of Organization and Initial Report of

LONESTAR RETAIL INCOME FUND, LLC

Domiciled at KENTWOOD, LOUISIANA,

Was filed and recorded in this Office on May 02, 2014,

And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

May 2, 2014

Certificate ID: 10486831#VMJ62

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed, www.sos.louisiana.gov

JIMUULL Toorstary of State