

ME000007681

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 25 2015  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2015

BERENICE IPIA-FELICIANO  
999 PONCE DE LEON BLVD STE 1110PH  
CORAL GABLES, FL 33134

SUBJECT: FIVE STARS TRADING, LLC  
Ref. Number: W15000059565

We have received your document for FIVE STARS TRADING, LLC and your check(s) totaling \$130.00. 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.

The name designated in your document is unavailable since it is the same as or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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.

Shelia H. Young  
Regulatory Specialist II

Letter Number: 715A00019030

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15 SEP 24 PM

SECRETARY OF STATE  
TALLAHASSEE, FL

15 SEP -8 PM 5:06

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **FIVE STARS TRADING, LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

**BERENICE IPIA-FELICIANO**

Name of Person

**PRATS FERNANDEZ & CO PA**

Firm/Company

**999 PONCE DE LEON BLVD. STE. 1110 PH**

Address

**CORAL GABLES, FL 33134**

City/State and Zip Code

**ADMIN@PRATSFERNANDEZ.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**BERENICE IPIA-FELICIANO**

Name of Contact Person

at ( **305** ) **444 8333**

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

1. **FIVE STARS TRADING, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

**FIVE STARS TRADING ENTERPRISE, LLC**

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited  
Liability Company," "L.L.C.," or "LLC.")

2. **DELAWARE**

(Jurisdiction under the law of which foreign limited liability  
company is organized)

3. **37-1789530**

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. \_\_\_\_\_

**1427 SW 13 STREET, MIAMI, FL 33145**

(Street Address of Principal Office)

6. \_\_\_\_\_

**1427 SW 13 STREET, MIAMI, FL 33145**

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **PRATS FERNANDEZ & CO., P.A.**

Office Address: **999 PONCE DE LEON BLVD. STE 1110 PH**

**CORAL GABLES**

(City)

, Florida **33134**

(Zip code)

**Registered agent's acceptance:**

*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 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.*

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**MGR: MARIA SCHLOETER**

**1427 SW 13 STREET.**

**MIAMI, FL 33145**

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the  
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath  
of the translator must be submitted)

(Signature of an authorized person)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

**MARIA SCHLOETER**

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIVE STARS TRADING, 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIVE STARS TRADING, LLC" WAS FORMED ON THE TWELFTH DAY OF AUGUST, A.D. 2015.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



5802065 8300

SR# 20150148923

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 10073529

Date: 09-16-15



# State of Delaware

The Official Website for the First State

***The Secretary of State of Delaware issued a certificate for FIVE STARS TRADING, LLC whose file number is 5802065 on 9/16/2015 under request number 20150148923 for authentication number 10073529***

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA





Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201

In reply refer to: 0444598058  
Aug 19, 2015 LTR 147C  
37-1789530

FIVE STARS TRADING LLC  
CARLOS ARANCIBIA SOLE MBR  
1427 SW 13TH ST  
MIAMI FL 33145

Taxpayer-Identification Number: 37-1789530

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of August 19th, 2015.

Your Employer Identification Number (EIN) is 37-1789530. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Mrs Litteral  
1002073533  
Customer Service Representative

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TALLAHASSEE FLORIDA

Written Consent of Authorized Person  
Naming the Manager(s) for  
Five Stars Trading, LLC

The undersigned authorized person hereby elects the following person(s) to serve as the Manager(s) for this Delaware limited liability company:

Maria Schlocter

The Manager(s) shall complete the organization of the limited liability company by appointing officers, issuing units (ownership interests), opening bank accounts and taking all other actions necessary for the organization of the company. This written consent is intended to be part of the documents under which the company is formed.

Corporate Creations International Inc.

Date: 8/13/2015

STATE OF Florida

COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 13th day of August 20 15 by the above named signatory, who is personally known to me or who produced a drivers license or passport as identification and who did take an oath.

Signature of Notary Public

Notary Public Seal:



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TREASURER, FLORIDA