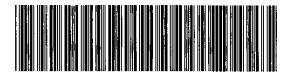
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(Business Entity Name)				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2016

JILL ROEGNER 12500 E 13 MILE ROAD WARREN, MI 48093

SUBJECT: FIVE STAR ASSET MANAGEMENT, LLC

Ref. Number: W16000072962

We have received your document for FIVE STAR ASSET MANAGEMENT, 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 116A00023041

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	ns						
SUBJECT:	Five Star Asset Mar							
		Name of Limited Liability Company						
		reign Limited Liability Comp d to register the above refer						
Please return	all correspondence	concerning this matter to the	following:					
	Jill Roegner							
	Name of Person							
	Five Star Asset Management, LLC.							
	Firm/Company							
	12500 E. 13 Mile Road							
	Address							
	Warren, Michigan 48093							
		City/S	tate and Zip Code					
	gsacompanies@y	/ahoo.com						
E-mail address: (to be used for future annual report notification)								
For further in	nformation concernin	g this matter, please call:						
Gio	ovan Agazzi		586 at (718-250	99			
	Name o	f Contact Person	Area Code	Day	time Telephone Number			
Div Reg P.O	rision of Corporations gistration Section b. Box 6327 lahassee, FL 32314			Division o Registrati Clifton Bo 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301			
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	g Fee &	□ \$160.00 Filing Fee, Cer of Status & Certified Copy			

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: FIVE STAR ASSET MANAGEMENT (Name of Foreign Limited Line), Company; must include "Limited Liability Company," "L.L.C.," or (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate mane must include "Limited Liability Company," "L.L.C," or "LLC.") 3. <u>80 - 03 | 05 23</u> (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 12500 E. 13 Mile 12500 E. 13 Mile Road Warren, Michigan 48093 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and Pam familiar with and accept the obligations of my position as registered agent. acity and address of the person(s) who has/have authority to manage is/are: norrzed Agent - 12500 E. 13 Mile Road, Warren, Michigan 48093 Karim Bader, Authorized Agent - 12500 E. 13 Mile Road, Warren, Michigan 48093 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) gnature 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.

Typed or printed name of signee

Giovan Agazzi / Karim Bader

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "FIVE STAR ASSET MANAGEMENT LLC"

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

GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED

OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE NINETEENTH DAY OF JANUARY,
A.D. 2010, AT 10:05 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

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

Authentication: 202916686

Date: 08-31-16

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