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(Re	questor's Name)			
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PICK-UP	MAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
	<u>.</u>			

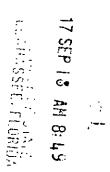




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COVER LETTER

TO: Registration Section

	Name of	Limited	d Liability C	ompany	
closed "Application by Fo ice, and check are submitte	reign Limited Liability Comed to register the above refer	pany for	or Authoriza Oreign limit	tion to Tr ed liabilit	ansact Business in Florida," Certif y company to transact business in
return all correspondence	concerning this matter to the	follow	ing:		
	К	EVIN I	BARUA		
	Name of Person				
	GG	INTER	NATIONA	L	
	Firm/Company				
	7260 W. A	AZURE	DR STE 14	0-212	
		Addr	ess		
	LAS	VEGA:	S, NV 8913	O	
	City/\$	State and	d Zip Code		·
	DOCSFR	OMSO:	S@GMAIL	СОМ	
	E-mail address: (to be use	d for fu	ture annual	report no	tification)
ther information concernis	ng this matter, please call:				
KE	VIN BARUA	at (702	,	395-2255
Name	of Contact Person		Area Code	Day	rtime Telephone Number
MAILING ADDRESS: Division of Corporations					FADDRESS: of Corporations
Registration Section P.O. Box 6327		Registration Section Clifton Building		ion Section	
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301		ecutive Center Circle	
	in a serious to				
ed is a check for the follow	ving amount:				

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ALL-STAR ALLIANO	CE LLC	mited Liability Company," "L.L.C.," or "LLC.")				
ALL-STAR ALLIANCE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	•	n Florida. The alternate name must include "Limited Lial	bility Company," "I. L.C," or "LLC.")			
DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI numb	(FEI number, if applicable)			
4	(Date first transacted business in Florida, if prio (See sections 605 0904 & 605 0905, F.S. to det	or to registration) termine penalty liability)				
9100 S. DADELAND	BLVD, SUITE 1500	6 9100 S. DADELAND BLV	/D, SUITE 1500			
,			9100 S. DADELAND BLVD, SUITE 1500 (Mauling Address)			
MIAMI, FL 33156		MIAMI, FL 33156				
						
7. Name and street address Name:	corporation SERVICE CO					
Office Address:	1201 HAYES STREET		17			
	TALLAHASSEE	, Florida 32301	<u> </u>			
Registered agent's accep	(Спу)	(Zip cod	6) 50: 10			
to comply with the provisi	ions of all statutes relative to the projes of my position as registered agent.	nt as registered agent and agree to act per and complete performance of my	duties, and Fam famillar with			
,	(Registered age	ml's signature)				
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who Name and Address:	o has/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:			
Manager	JOSE SANTANA					
	9100 S. DADELAND BLVD. MIAMI, FL 33156	<u>SUI</u> TE 1500 ——				
(Use attachments if neces	sary)					
 Attached is a certificate jurisdiction under the law of the translator must be s 	of which it is organized. (If the certifi	old, duly authenticated by the official haticate is in a foreign language, a translat	aving custody of records in the ion of the certificate under oath			
	Sign	Marc of ar authorized person				
10. This document is executed in a document to	uted in accordance with section 605.0	1203 (1) (b), Florida Statutes. I am awar a third degree felony as provided for in	re that any false information s.817.155, F.S.			
		VIN BARUA				

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "ALL-STAR ALLIANCE 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 TWENTY-FIFTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALL-STAR

ALLIANCE LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF NOVEMBER, A.D.

2016.

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

Authentication: 203121697

Date: 08-25-17

6236298 8300 SR# 20175895367