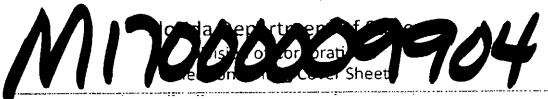
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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM

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Phone : (512)418-6949

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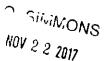
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## **Foreign Limited Liability Company Brightstar Finance Company, LLC**

Certificate of Status	0
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## 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 Brightstar Finance Company, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, exect alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.") (FFI manber, if applicable) (Jurisdiction under the law of which foreign limited hability company is organized) THOU 21 HM 9: 28 4. Upon Qualification (Date first transacted business in Flonda, if prior to registration.) (See acctions 605,0904 & 605,0905, F.S. to determine penalty liability) 6. Same 9725 NW 117th Avenue #105 (Mailing Address) (Street Address of Principal Office) Miami, FL 33178 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 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. By: C.T Corporation System Colon Mark Holloway, Assistant Secretary
(Registered agent's agentiere) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Neel Marsden MANAGER 9725 NW 117th Avenue #105 Miami, FL 33178 MANAGER Jack Negro 9725 NW 117th Avenue #105 Miami, FL 33178 (Use attachments if necessary) 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) 10. 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. Signature of an authorized person

Typed or printed name of signee

Terrie Bates



Page 1

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

DELAWARE, DO HEREBY CERTIFY "BRIGHTSTAR FINANCE COMPANY, 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 TWENTIETH DAY OF MOVEMBER, A.D. 2017.

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

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Authentication: 203607269

Date: 11-20-17

6307855 8300 SR# 20177180265

You may verify this certificate online at corp.delaware.gov/authver.shtml