2018-03-02 14.59:03 (GMT)

From: Licenses Etc.

Tic

MBOCOOLT | Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000695263)))



H100000695263ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LICENSES ETC INC

Account Number : I20070000159

Phone : (239)777-1028

Fax Number : (877)275-3593

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ETC@LICENSESETC.COM

Foreign Limited Liability Company
FOUR STARS RESTORATION LLC

AND A CONTRACTOR OF A STATE OF THE STATE OF	
Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

RECEIVED MAR 0 2 2010

2/5/1895

(((H180000695263)))

COVER LETTER

то:	Registration Section Division of Corporations
211211	FOUR STARS RESTORATION LLC
SUBJ	Name of Limited Liability Company
The or Existen	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ace, 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:
	LISA ADAMS
	Name of Person St.
	LICENSES, ETC., INC.
	Firm/Company
	Address Address
	Address
	NAPLES, FL 34108 City/State and Zip Code
	City/State and Zip Code
	SUPPORT@LICENSESETC.COM
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
	LISA ADAMS 239 777-8321
	Name of Contact Person 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
Enclos	ed is a check for the following amount: \$\Begin{array}{c} \D\$ \$125.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

7 (1

(((H180000695263)))

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

(Name or Foreign Limsted Liability Company) must include "Limited Liability Company)" L.L.C." or "L.C." or	1, FOUR STARS RESTO			
3. 82-4572666 Due diction each the of which foreign limited inability company is regarded) A	(Name of Foreign	Limited Liability Company; must include "Limit	led Linbility Company," "L.L.C.," or "L.L.C."	
Comparison and a treet address of Florida registered agent: (P.O. Rox NOT acceptable) Florida SUPER #140-2388 1.AS VEGAS, NV 89130 1.AS VEGAS, NV 8913	(If name mavailable, enter alternate n	ame adopted for the purpose infusiosacting business in F	lorida. The alternate name must include "Limited Li	delity Company," "L.L.C.," or "LLC.")
4. (Due don't have of which fureign limited likelity company is equatived) 5. 7200 W. AZURE DR. SUITE #140-2388 6. 7260 W. AZURE DR. SUITE #140-2388 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 1. Licenses, Etc., Inc. Name: 1. Surples 1. Sur			3. 82-4572666	
5. 7260 W. AZURE DR., SUITE #140-2388 (Street Address of Phorida registered agent: (P.O. Box NOT acceptable) Name: Licenses, Etc., Inc. Office Address: 886 110th Ave. N., Suite #6 Naples Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated lineted liability company at the place designated in this application. I hereby accept the appointment as registered agent and accept the obligations of all statutes relative to the proper and complete performance of my daties; and I an Familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name a	(Junediction under the law of wh	nich füreign limited liability company is organized)	(FE) nur	ber, if applicable)
5. 7260 W. AZURE DR., SUITE #140-2388 (Steen Address of Plorida registered agent: (P.O. Box NOT acceptable) Name: Licenses, Etc., Inc. Office Address: 886 110th Ave. N., Suite #6 Naples Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated intell lability company at the place designated in this application, I hereby accept the appointment as registered agent and accept the population as registered agent. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated lined 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 and agree to act in this capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name and	4			
5. 7260 W. AZURE DR., SUITE #140-2388 (Steen Address of Phorida registered agent: (P.O. Box NOT acceptable) Name: Licenses, Etc., Inc. Office Address: 886 110th Ave. N., Suite #6 Naples Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated lined liability company at the place designated in this application, I hereby accept the appointment as registered agent and accept the biligations of all statutes relative to the proper and complete performance of my duties; and I aw familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and A		(Date first transreted business in Florida, if prior t (See sections 605.0904 & 605.0905, P.S. to deter	n registration.) nine penalty liability:	
I.AS VEGAS, NV 89130 1.AS VEGAS AS VEG	5 7260 W. AZURE DR			HTE #140-2388
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Licenses, Etc., Inc. Office Address: 886 110th Ave. N., Suite #6 Naples Naples Plorida 34108 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 egipacitic 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 and agree to act in this egipacitic 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 and agree to act in this egipacitic I further agree to complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Registered agent and agree to act in this egipacitic I further agree to complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Registered agent's acceptance is element of seven and complete performance of my duties, and I am familiar with and acceptance in the proper and complete performance of my duties, and I am familiar with and acceptance in the proper and complete performance of my duties, and I am familiar with and acceptance in the proper and complete performance of my duties, and I am familiar with and acceptance in the proper and complete performance of my duties, and I am familiar with and acceptance in the proper and complete performance of my duties, and I am familiar with and acceptance in the proper and complete performance of my duties, and I am familiar with and acceptance. Registered agent and the provisions of	(Street Address of I	rincipal Office)	(Mading Ad	
Naples Composition Ave. N., Suite #8 Naples Plorida 34108 Plorida 34108	LAS VEGAS, NV 891	30	LAS VEGAS, NV 89130	
Naples Naples Plorida Salos Plorida			were the second	
Naples Composition Ave. N., Suite #8 Naples Plorida 34108 Plorida 34108				
Naples Composition Ave. N., Suite #8 Naples Plorida 34108 Plorida 34108	7. Name and street address	s of Florida registered agent: (P.O. Bo	x NOT acceptable)	
Naples Naples Plorida Salos Plorida	Name:	Licenses, Etc., Inc.		59 I 7
Registered agent's acceptance: (Cig) 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Nume and Address: Title or Capacity: Nume and Address: Title or Capacity: Nume and Address: Nume and Address: (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), Figrida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree: elony as provided for in s.817.155, F.S.	000 11	886 110th Ave N. Suite #6		五二
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 and Jamiliar with and accept the obligations of my position as registered agent. Registered agent a significant of my duties, and I and Jamiliar with and accept the obligations of my position as registered agent. Name and Address: Title or Capacity: Name and Address: Name and Addre	Office Address:	BOU ITOUT AVE. N., Suite HU		
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 signalure			, Florida 34108	
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 capacing. 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. Regatere agent s signature	Registered agent's occen		(2.5) (2.15)	
(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), Fibrida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree. John as provided for in s.817.155, F.S.	Having been named as re	gistered agent and to accept service of	process for the above stated limite	i liability company at the place
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Output Steven Douglas Wilkins Taso W. Azure Dr., Suffe H140-2388 LAS VEGAS, NV 89130 (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), Firitida 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.	designated in this applica	tion, I hereby accept the appointment	as registered agent and agree to ac	in this capacity= I further agree
(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), Figrida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree Jelony as provided for in s.817.155, F.S.	to comply with the provisi	ions of all statutes relative to the prope	r and complete performance of my	duties, and I and familiar with
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Name and	and accept the obligation.	s of my position as registered agent.		
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Name and Address:				
Title or Capacity: Name and Address: Title or Capacity: Name and Address:		Domisteral agent		
AMBR Steven Douglas Wilkins 7260 W. AZURE DR., SUITE #140-2388 LAS VEGAS, NV 89130 (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), Fibrida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree Jelony as provided for in s.817.155, F.S.		/ /cc,,/	a signature)	
(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), Figurida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree belong as provided for in s.817.155, F.S.	8. The name, title or capa			
(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), Fibrida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree belong as provided for in s.817.155, F.S.	-	acity and address of the person(s) who i	nas/have authority to manage is/are:	Nume and Address:
(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), Fibrida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree belong as provided for in s.817.155, F.S.	Title or Capacity:	acity and address of the person(s) who is Nume and Address: Steven Douglas Wilkins	nas/have authority to manage is/are: Title or Capacity:	Nume and Address:
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), Fibrida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree belong as provided for in s.817.155, F.S.	Title or Capacity:	Name and Address: Steven Douglas Wilkins 7260 W. AZURE DR., SUITE #144	nas/have authority to manage is/are: Title or Capacity:	Nume and Address:
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), Fibrida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree belong as provided for in s.817.155, F.S.	Title or Capacity:	Name and Address: Steven Douglas Wilkins 7260 W. AZURE DR., SUITE #144	nas/have authority to manage is/are: Title or Capacity:	Nume and Address:
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), Fibrida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree belong as provided for in s.817.155, F.S.	Title or Capacity:	Name and Address: Steven Douglas Wilkins 7260 W. AZURE DR., SUITE #144	nas/have authority to manage is/are: Title or Capacity:	Nume and Address:
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), Fibrida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree belong as provided for in s.817.155, F.S.	Title or Capacity:	Name and Address: Steven Douglas Wilkins 7260 W. AZURE DR., SUITE #144	nas/have authority to manage is/are: Title or Capacity:	Nume and Address:
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), Fibrida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree belong as provided for in s.817.155, F.S.	Title or Capacity:	Name and Address: Steven Douglas Wilkins 7260 W. AZURE DR., SUITE #144	nas/have authority to manage is/are: Title or Capacity:	Nume and Address:
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), Fibrida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree belong as provided for in s.817.155, F.S.	Title or Capacity: AMBR	ncity and address of the person(s) who have and Address: Steven Douglas Wilkins 7260 W. AZÜRE DR., SUITE #144 LAS VEGAS, NV 89130	nas/have authority to manage is/are: Title or Capacity:	Nume and Address:
of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Fibrida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree belong as provided for in s.817.155, F.S.	Title or Capacity: AMBR (Use attachments if neces	sary)	nas/have anthority to manage is/are: Title or Capacity: 0-2388	
submitted in a document to the Department of State constitutes a third degree elony as provided for in s.817.155, F.S.	Title or Capacity: AMBR (Use attachments if neces) 4. Attached is a certificate	sary) acity and address of the person(s) who have and Address: Steven Douglas Wilkins 7260 W. AZURE DR., SUITE #144 LAS VEGAS, NV 89130 sary)	nas/have anthority to manage is/are: Title or Capacity: 0-2388	aving custody of records in the
submitted in a document to the Department of State constitutes a third degree elony as provided for in s.817.155, F.S.	Title or Capacity: AMBR (Use attachments if neces 9. Attached is a certificate jurisdiction under the law	sary) acity and address of the person(s) who have and Address: Steven Douglas Wilkins 7260 W. AZURE DR., SUITE #144 LAS VEGAS, NV 89130 sary) of existence, no more than 90 days old of which it is organized. (If the certification is suited as a suite of which it is organized.	nas/have anthority to manage is/are: Title or Capacity: 0-2388	aving custody of records in the
	Title or Capacity: AMBR (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be so	sary) secity and address of the person(s) who have and Address: Steven Douglas Wilkins 7260 W. AZURE DR., SUITE #144 LAS VEGAS, NV 89130 sary) of existence, no more than 90 days old of which it is organized. (If the certifical ubmitted)	nas/have anthority to manage is/are: Title or Capacity: 0-2388 , duly authenticated by the official hate is in a foreign language, a transla	aving custody of records in the tion of the certificate under oath
Signature of an audianized person	Title or Capacity: AMBR (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be stated in the company of the translator must be stated in the capacity of the translator must be stated in the capacity of the translator must be stated in the capacity of the capacit	sary) sary) of existence, no more than 90 days old of which it is organized. (If the certification in accordance with section 605.02)	nas/have authority to manage is/are: Title or Capacity: 0-2388 duly authenticated by the official hate is in a foreign language, a translate is in a foreign language.	aving custody of records in the tion of the certificate under oath re that any false information
• • • • • • • • • • • • • • • • • • • •	Title or Capacity: AMBR (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be stated in the company of the translator must be stated in the capacity of the translator must be stated in the capacity of the capacity	sary) sa	nas/have authority to manage is/are: Title or Capacity: 0-2388 duly authenticated by the official hate is in a foreign language, a translate is in a foreign language. (4) (b), Figure Statutes. I am awahird degree Jelony as provided for it	aving custody of records in the tion of the certificate under oath re that any false information
Steven Douglas Wilkins	Title or Capacity: AMBR (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be stated in the company of the translator must be stated in the capacity of the translator must be stated in the capacity of the translator must be stated in the capacity of the capacit	sary) sary) of existence, no more than 90 days old of which it is organized. (If the certification decordance with section 605.02) of the Department of State constitutes a terms of the constitutes at the certification of the department of State constitutes at the certification of the Department of State constitutes at the certification of the Department of State constitutes at the certification of the Department of State constitutes at the certification of the Department of State constitutes at the certification of the Department of State constitutes at the certification of the Department of State constitutes at the certification of the Department of State constitutes at the certification of the Department of State constitutes at the certification of the certification of the Department of State constitutes at the certification of the certification of the Department of State constitutes at the certification of the certification of the certification of the Department of State constitutes at the certification of the Department of State constitutes at the certification of the certification of the Department of State constitutes at the certification of the certification of the Department of State constitutes at the certification of	nas/have authority to manage is/are: Title or Capacity: 0-2388 duly authenticated by the official hate is in a foreign language, a translate is in a foreign language, a translated degree Jelony as provided for it was authorized person	aving custody of records in the tion of the certificate under oath re that any false information

Typed or priored nated of signed

400

(((H18000069526 3)))



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title_7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this terrificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, FOUR STARS RESTORATION LLC, as a limited liability company duly of ganized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 16, 2018, and is in good standing in this state.



Electronic Certificate
Certificate Number: C20180302-0044
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 2, 2018.

Barbara K. Cegavske
Secretary of State