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TO:

Registration Section Division of Corporations

ELIDIRAT.	SUNS	TAR S	STRU	JCTUI	RES,	LLC
NIJE INC. 1					,	

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:	
Nancy A. Williams	
Name of Person	
SUNSTAR STRUCTURES, LLC	2019 IJAR
Firm/Company # rm	
11207 3W 4301 Ct. AFT 103 (2)	28 F
Address	2: D
Mirimar El 33025	28
City/State and Zip Code	
nancy.a.williams@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Nancy A. Williams _{at (} 845) 857-4393	
Name of Contact Person Area Code Daytime Telephone Num	nber
MAILING ADDRESS: Division of Corporations Division of Corporations	
Registration Section Registration Section P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle	

MAILI

Tallahassee, FL 32301

Enclosed	l is a	check	for	the	fol	lowing	amount:
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☑ \$125.00 Filing Fee Certificate of Status

□ \$130.00 Filing Fee & □ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee. Certificate 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:

name unavailable, enter alternate n	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include	de "Limited Lial	bility Company," "	L.L.C," or "LLC.
Nevada (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI numb	per, if applicable)	
					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ine penalty liability)			
11267 SW 45th C	Ot. APT 105	_{6.} <u>11267 SW 4</u>			
(Street Address of Mirimar, FL 3302)		Mirimar, FL:	Mailing Addi 33025	155) 20	
William, TE 5502		willian, re	33023	0.5	
			·	19 HAR	
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		28 735 E	
Name:	Registered Agents Inc.			PH PH	
Office Address:	7901 4th St N STE 300			2: 28 STATE LORID	
	St. Petersburg	, Florida	33702	A W	
egistered agent's accep	(City)		(Zip cod	c)	
signuted in this applica comply with the provisi	egistered agent and to accept service of pation, I hereby accept the appointment a ions of all statutes relative to the proper as of my position as registered agent. Beet The Proper agent and the proper agent agent.	s registered agent and a and complete performa	gree to act	in this capac	ity. I furthe
esignuted in this applica comply with the provisi and accept the obligation.	ition, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent. Registered agent's	s registered agent and agent and complete performa	gree to act nce of my	in this capac	ity. I furthe
esignated in this applica comply with the provisi nd accept the obligation.	ition, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent.	s registered agent and agent and complete performa	gree to act nce of my	in this capac duties, and I	ity. I furthe
esignated in this applicate comply with the provisor accept the obligation. The name, title or capa	ition, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent. (Registered agent's acity and address of the person(s) who have	s registered agent and agent and complete performal signature)	gree to act nce of my	in this capac duties, and I	ity. I furthe am familiar
esignated in this applicate comply with the provise and accept the obligation. The name, title or capa Title or Capacity:	ition, I hereby accept the appointment a ions of all statutes relative to the property of my position as registered agent. (Registered agent's acity and address of the person(s) who has Name and Address: Nancy A. Williams 11267 SW 45th CL APT 105	s registered agent and agent and complete performal signature)	gree to act nce of my	in this capac duties, and I	ity. I furthe am familiar
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esignated in this applicate comply with the provise and accept the obligation. The name, title or capa Title or Capacity: Manager Use attachments if neces Attached is a certificate crisdiction under the law	Registered agent's acity and address of the person(s) who have and Address: Nancy A. Williams 11267 SW 45th CL APT 105 Minmar, FL 33025 Robert F. Scott 11267 SW 45th CL APT 105 Minmar, FL 33025 Ssary) c of existence, no more than 90 days old, of which it is organized. (If the certificat	signature) as/have authority to mana Title or Capacity:	gree to act nce of my age is/are:	in this capac duties, and I	ity. I furthe am familiar i Address:
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esignated in this applicate comply with the provise and accept the obligation. The name, title or capative: Manager Manager Use attachments if neces arisdiction under the law of the translator must be successful. This document is executed.	Registered agent's acity and address of the person(s) who has a nd Address: Name and Address: Name Address:	signature) as/have authority to mana Title or Capacity: duly authenticated by the te is in a foreign language 3 (1) (b), Florida Statutes	gree to act nce of my ge is/are: c official ha	Name and I	i Address: of records in tificate under

Typed or printed name of signee

SECRETARY OF STATE



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 certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SUNSTAR STRUCTURES**, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 7, 2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 25, 2019.

Ballara K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20190125-0645