

12/14/22, 11:20 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
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**W22000018645**

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BURNS LAW OFFICES, P.A.  
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Phone : (305) 733-8223  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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Foreign Limited Liability Company  
STAR INVESTMENTS GROUP LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. STAR INVESTMENTS GROUP LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLC")

STAR INVESTMENTS GROUP WY LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LL")

2. WYOMING

3. 87-4465871

(Jurisdiction under the law of which foreign limited liability company is organized)

(File number of state agent)

4.

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.003 & 605.0035, F.S., to determine penalty liability.)

30 N GOULD ST

30 N GOULD ST

5. (Street Address of Principal Office)

6. (Mailing Address)

STER

STER

SHERIDAN, WY 82801

SHERIDAN, WY 82801

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ADAM J. HOPKINS

Office Address: 7651 Ashley Park Court, Suite 405

Orlando

32835

(City)

, Florida

(Zip code)

## 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 signature)

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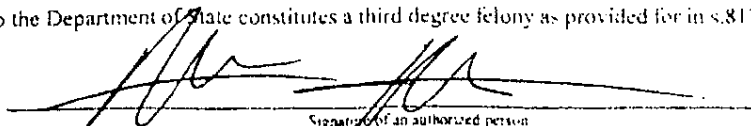
8. For initial indexing purposes, list names, title or capacity and addresses of the primary member(s) manager, or person, authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: ADAM J. HOPKINS	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 30 N GOULD ST	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUITE R	<input type="checkbox"/> Authorized	_____
Person	SHERIDAN, WY 82801	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

ADAM J. HOPKINS

Typed or printed name of signer

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**STATE OF WYOMING**  
**Office of the Secretary of State**

I, KARL ALLRED, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**Star Investments Group LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **January 17, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001070678**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 30th day of November, 2022 at 1:52 PM. This certificate is assigned ID Number 056786225.



A handwritten signature in black ink, appearing to read 'Karl Allred', is written over a horizontal line.

Secretary of State