Florida Department

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.

(((H24000161002 3)))



H240001610023ABCQ

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 : INCFILE.COM LLC Account Number : I20220000070 : (888)462-3453 Fax Number : (877)919-2613

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

EFILE1234@INCFILE.COM Email Address:_

> Foreign Limited Liability Company 5 Star Holdings, LLC

	<i>-</i>
Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 0 8 2024

•	(((H24000161002	3)))
	1111	- ///

COVER LETTER

	istration Section ision of Corporations		
SHRJECT:	5 Star Holdings, LLC		
oobace		of Limited Liability Company	
The enclosed Existence, an	"Application by Foreign Limited Liability C	Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida.	
Please return	all correspondence concerning this matter to	the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 24	49 STE 220	
		Address	
	HOUSTON, TX 77064		
		ty/State and Zip Code	
	EEU E1234@INCEILE C	OM	
	E-mail address: (to be	used for future annual report notification)	
For further in	oformation concerning this matter, please call	:	
LC	OVETTE DOBSON	at (1) 888-462-3453 Area Code Daytime Telephone Number	
	Name of Contact Person	Area Code Daytime Telephone Number	
<u>Mai</u>	iling Address:	Street Address:	
Reį	gistration Section	Registration Section	
Div	rision of Corporations	Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tal	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Plea	losed is a check for the following amount: ase make check payable to: FLORIDA DEP \$125.00 Filing Fee \$\$ \$130.00 Filing Fee Certificate of	& 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate	

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

1. (Name of Foreign	Cimited Liability Company; must include "Lim	LC ited Liability Company," "L.L.C.," or "L.L.C.")	
If name unavailable, enter alternate in	5 Star Holdings Ground anne adopted for the purpose of transacting business in	up, LLC 1 Florida The alternate name must include "Limited Liability Co	unpany," "L L C," or "LLC.")
Colorado	nich foreign limited liability company is organized)	3(FEI number, if sppl	
1	(Date first transacted business in Florida, if prior (See sections 605 0904 & 005 0905, F.S. to dete	to registration) rmine penalty liability)	
5. 1150 Nw 72r Street Address of Principal Office)	nd Ave Tower 1	6. 1150 Nw 72nd Ave	Tower 1
Ste 455 #1604	45	Ste 455 #16045	
Miami, FL 33126		Miami, FL 33126	
7. Name and street addres	s of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	2024 11.57
Name:	REPUBLIC REGIST	ERED AGENT LLC	-2
Office Address: 1150 Nw 72nd Ave Tower 1 Ste 455		7.	
	Miami	Florida 33126 (Zip code)	5 G
designated in this applica to comply with the provisi	gistered agent and to accept service of tion, I hereby accept the appointment	f process for the above stated limited liabilit as registered agent and agree to act in this er and complete performance of my duties, a	capacity. I further agree
	Wesley	Dolan	

(((H24000161002 3)))

8 For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
€ Manager	Name: Melquawn Abernathy	□Manager	Name:
X Member	Address: 840 Sharon Lane	□Member	Address:
II Authorized	Westbury, NY 11590	□Authorized	
Person		Person	
[[Other	Other	□Other	Other
T Manager	Name:	□Manager	Name:
T Member	Address:	□ Member	Address:
- _{Authorized}		\square Authorized	
Person		Person	
[]Other		□Other	Other
∏Manager	Name:	□Manager	Name:
¹ [Member	Address:	□ Member	Address:
.1Authorized		T Authorized	
Person		Person	
Other		□Other	Other
indexed individuals 9. Attached is a certi- jurisdiction under the of the translator mus 10. This document is	s executed in accordance with section 605.020; ment to the Department of State constitutes a thi	orida Department of State duly authenticated by the e is in a foreign language, S (1) (b), Florida Statutes.	Annual Report form. official having custody of records in the a translation of the certificate under oath. I am aware that any false information ded for in s.817.155, F.S.
		un Abarnathy	(((H24000161002 3)))

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

5 Star Holdings, LLC

is a

Limited Liability Company

formed or registered on 03/08/2018 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181203460.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/29/2024 that have been posted, and by documents delivered to this office electronically through 05/02/2024 @ 10:58:06.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/02/2024 @ 10:58:06 in accordance with applicable law. This certificate is assigned Confirmation Number 16002185



Secretary of State of the State of Colorado

**************End of Certificate******

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosos.gov/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov.click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."