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(((H25000215658 3)))



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## Foreign Limited Liability Company 5 STAR PROPERTY GROUP LLC

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JUN 17 2025

06/17/2025 10:43 From:17184082550 To:18506176383 Date Time 06/17/25 10:43AM Pages: 4 P: 2/4

(((H250002156583)))

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

IN COMPLANCE WITH SECTION (05/08)2, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED ITABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate r	name adopted for the purpose of transacting business in I lor	ida. The alternate	name must include "Limited Liabi	hty Company, "T. I. C. or "I	10.00
Delaware		ž			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	-'	(FEI number,	i: applicable)	
	(Date first transacted business in Florida, it prior to re- osci sections 605 (904 a, 605 (905, F.S. to determine	gistration ) r penalty liability)			
1636 Eastern Pkwy		1636	Eastern Pkwy		
reel Address of Principal Office)		b,	Mailing Address)		
Brooklyn, NY 11233		Broot	dyn, NY 11233		
		<del></del>			
Name and street address	s of Florida registered agent: (P.O. Box.)	<u>NOT</u> accepta	able)	125 JU	-
Name:	Aviad Rave	*	-	The second	•
Office Address:	1960 SW 41st Ave		-	2825 JUN 17 PM 4: 10	
	Fort Lauderdale		33317 . Florida	_ 罰 6	
	(City)		(Zip code)		

/s/ Aviad Rave

(Registered agent's signature)

(((H25000215658.3)))

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Aviad Rave	∐Manager Na	ime:
<b>■</b> Member	Address: 1636 Eastern Pkwy	∏Member Ac	idress:
□Authorized	Brooklyn, NY 11233	☐ Authorized	
Person		Peison	
□Other	Other	_JOther	
□Manager	Name:	□Manager Na	une:
□Member	Address:	□Member Ac	ldress:
□Authorized		□Authorized	
Person		Person	983
□ Other		[]Other	
⊡Manager	Name:	□Manager Na	ine:
<b>□</b> Member	Address:	☐Member Ac	idress:
□Authorized		□Authorized	
Person		Person	
□Other	Other	[]Other	□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		
wiad Rave		

(((H250002156583)))

## Delaware The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "5 STAR PROPERTY GROUP 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 THIRTEENTH DAY OF JUNE, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "5 STAR PROPERTY GROUP LLC" WAS FORMED ON THE EIGHTH DAY OF MARCH, A.D. 2022.

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

FILEU
2025 JUN 17 PH 4: 10

6661604 8300 SR# 20253066201

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

C. G. Sanchey

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 203943345

Date: 06-13-25