(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO:	Registration Section Division of Corpora				
SUBJE	STARLIGHT	ACQUISITION CORPORATIO	)N		
CODGI		Name of corporation -	must include suffix		
Dear Si	r or Madam:				
"Certifi	cate of Existence," of	by Foreign Corporation for A or "Certificate of Good Standi orporation to transact business	ng" and check are submi		
Please r	return all correspond	ence concerning this matter to	the following:		
CARL E	DEFREITAS				
		Name of Pe	erson		
DEFRE	ITAS & HILCHER L	_C			
		Firm/Comp	any		
14 VER	VALEN STREET				
		Address	S		
CLOST	ER. NJ 07624				
		City/State and	l Zip code		
CD@DI	HCPALLC.COM				
	Ī	E-mail address: (to be used for	r future annual report not	ification)	
For furt	ther information con	cerning this matter, please cal	l:		
CARLI	DEFREITAS	at ( <sup>201</sup>	403-6755		
	Name of Person	Area Code	Daytime Telepho	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please n		FLORIDA DEPARTMENT OF S78.75 Filing Fee &		S87.50 Filing Fee, Certificate of Status & Certified Copy	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

<del></del>						
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)					
DELAWARE	y under the law of which it is incorporated)	93-3078771 (FEI number, if applicable)				
AUGUST 2, 202		5. (Date of duration, if other than perpetual)				
	of incorporation)	(Date of duration, if other than p	(Date of duration, if other than perpetual)			
DECEMBER 30	, 2024					
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)				
592 PINE LAKE I	DR., DELRAY BEACH, FL 33445					
<del>1.1</del>		ice <u>street</u> address)				
			~~~~			
	(Current maili	ng address, if different)	4 PE			
Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)		~ ₹Ã			
Name:	JEFFREY WOLF		<b>3</b>			
ffice Address:	292 PINE LAKE DR.		PH 3: 54			
inco ridareso,	DELRAY BEACH	33445	4 ONE			
	(City)	, Florida				
	(City)	(Zip evile)				
	nt's acceptance:					
	ed as registered agent and to accept serv application, I hereby accept the appoint					
irther agree to co	omply with the provisions of all statutes i	relative to the proper and complete per				
nd I am familiar	with and accept the obligations of my pe	osition as registered agent.				

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

## A. DIRECTORS JEFFREY WOLF JEFFREYWOLF ■ Chairman □ Chairman 592 PINE LAKE DRIVE 592 PINE LAKE DR ☐ Vice Chairman Address: □Vice Chairman Address: DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 Director □ Director □ President ☐ President □ Vice President ☐ Vice President ☐ Secretary □Treasurer **■** Secretary □Treasurer □Other \_\_\_\_\_ □ Other \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_ JEFFREY WOLF JEFFREY WOLF Chairman □Chairman Address: 592 PINE LAKE DR 592 PINE LAKE DRIVE □Vice Chairman Address: □ Vice Chairman DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 □ Director ☐ Director President ☐ President □ Vice President \_\_\_\_\_ ☐ Vice President ☐ Secretary □Treasurer ☐ Secretary Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ □ Other \_\_\_\_ JEFFREY WOLF □ Chairman ☐ Chairman Name: 592 PINE LAKE DRIVE □Vice Chairman Address: \_ ☐ Vice Chairman Address: DELRAY BEACH, FL 33445 Director Director ☐ President □ President ■Vice President \_\_\_\_\_ ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □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, Plorida Department of State Annual Report form. Signiture of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. 13. JEFFREY WOLF

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "STARLIGHT ACQUISITION CORPORATION" IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF NOVEMBER,

A.D. 2024.



Authentication: 204919142

Date: 11-19-24