

P240000 010490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

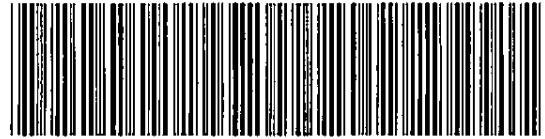
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 2/9/24

****WALK IN****

ENTITY NAME STARDUE GROUP NORTH AMERICA CORP

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

~~_____~~
~~_____~~
~~_____~~

Plain Copy
Certified Copy
Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments
Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
Certificate of Status
Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

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TALLAHASSEE, FL

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TOTAL OWED \$ 78.75

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Heygan

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: STARDUE GROUP NORTH AMERICAN CORP
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: GIULIA DI BLASO
Name (Printed or typed)
c/o ExportUSA, 18 Bridge St., Unit 2A
Address
Brooklyn, NY 11201
City, State & Zip
718-522-5575
Daytime Telephone number
giulia@exportusa.us
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: STARDUE GROUP NORTH AMERICAN CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18 Bridge St., Unit 2A
Brooklyn, NY 11201

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful act or activity permitted in Florida

ARTICLE IV SHARES

The number of shares of stock is: 200 shares common no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lucia Mazzarolo - Pres

Name and Title: Alessandro Sante Basso-VP, CEO, Director

Address Via Volpato 24
Bassano del Grappa (Vicenza) 36061
Italy

Address: Via Campo Marzio 29
Bassano del Grappa (Vicenza) 36061
Italy

Name and Title: Lucio Miranda - Secretary

Name and Title: _____

Address 19 East 108 Street
New York NY 10029

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL.

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: United Corporate Services, Inc,
 Address: 3458 Lakeshore Drive
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Alessandro Sante Basso
 Address: Via Campo Marzio 29
Bassano del Grappa (Vicenza) 36061 Italy

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Michael A. Barr President, United Corporate Services, Inc.
 Required Signature/Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

/s/ Alessandro Sante Basso
 Required Signature/Incorporator

02/09/2024
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 CLERK OF STATE
 TALLAHASSEE, FL
 Date