FROM: ACCOUNTING & TAX HELP INC.

PHONE NO. : 7273975189

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Division of Corporations

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Florida Department of State

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Account Number : 072100000173
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## FLORIDA PROFIT CORPORATION OR P.A.

ALLSTAR REAL ESTATE & MANAGEMENT, INC.

Certificate of Status	0
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FROM : ACCOUNTING & TAX HELP INC.

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## ARTICLES OF INCORPORATION

Sold Sold Sign The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be

## ALLSTAR REAL ESTATE & MANAGEMENT, INC.

#### PRINCIPAL OFFICE ARTICLE II

The principal place of business and mailing address of this corporation shall be:

## P.O. BOX 3374 SPRING HILL, FL.34611

#### ARTICLE III SHARES

The number(s) of shares of stock that this corporation is authorized to have outstanding at any one time is:

## 1000 SHARES NO PAR

#### INITIAL REGISTERED AGENT AND STREET ARTICLE IV ADDRESS

The name and address of the initial registered agent is: prepared by:

Name: Placidus D'Agrella Address: P.O. BOX 3374 SPRING HILL, FL.34611

Accounting & Tax Help, INC. \_8668 PARK BLVD Suite .A SEMINOLE, Florida 33777

PH # 352-666-9809

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PHONE NO.: 7273975189 FROM: ACCOUNTING & TAX HELP INC. PHONE NO. : PROM : MUCOUNTING & THY HELP INC. PHONE NU. : 7273975189 H990000 30387 ARTICLE V DIRECTOR(S)

The number of directors constituting the initial Board of Directors of the corporation is One (1) and the name(s) and address(es) of the penning) who is to sarry as director(s) until the flux annual meeting of shareholders or until his or har successor(s) is(are) elected and qualified is(are); Placidus D'Agrella D.O. Box 3374 Spring Hill, FL 34611 ARTICLE VI INCORPORATOR(S)
The name(s) and serest address(se) of the incorporator(s) to these
Articles of (neorporation is (are) : Placidus D'Agrella P.O. Box 3374 Spring Hill, Fl. 34611 The undersigned incorporator(s) has (have) executed these Articles of Incorporation this November (An additional article must be added if an effective date is requested.)

Simature

Notarization is not required

Signature

Signature

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE



PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES , THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the corporation is:

## ALLSTAR REAL ESTATE & MANAGEMENT, INC.

2. The name and address of the registered agent and office is:

Accounting & Tax Help, INC.
(Name)

8668 PARK BLVD. , Suite A (P.O. Box not acceptable)

SEMINOLE, Florida 33777 (City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

(Signature) DATE 1/-29-99

PRESIDENT

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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