

JUN/24/2013 MON 05:16 PM

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FAX No.

Division of Corporations

Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
7 STARS TECHNOLOGIES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME** 7 STARS TECHNOLOGIES, INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address  
20533 BISCAYNE BLVD # 4719  
AVENTURA, FL 33180

Mailing address, if different is:  
20533 BISCAYNE BLVD # 4719  
AVENTURA, FL 33180

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: TECHNOLOGY TO PROVIDE SERVICE  
QUALITY MEASUREMENT FOR RESTAURANTS AND HOTELS.

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**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>LUIS A. VAZQUEZ, PRESIDENT</u>	Name and Title:	_____
Address	<u>20533 BISCAYNE BLVD # 4719</u>	Address:	_____
	<u>AVENTURA, FL 33180</u>		_____
	_____		_____

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

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

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: LUIS A. VAZQUEZ  
Address: 20533 BISCAYNE BLVD # 4719  
AVENTURA, FL 33180

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: GLINSKY CPA GROUP, PA  
Address: 100 N. BISCAYNE BLVD # 2800  
MIAMI, FL 33132


*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

06-14-13

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

06-14-13

Date

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