

N220000011068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

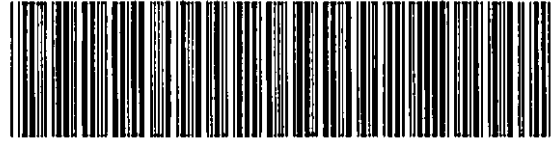
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Shooting Stars Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

**FROM:** Claude Tucker  
\_\_\_\_\_  
Name (Printed or typed)

4654 NE 14th Pl.  
\_\_\_\_\_  
Address

Ocala, Fl. 34470  
\_\_\_\_\_  
City, State & Zip

(352) 454-6055  
\_\_\_\_\_  
Daytime Telephone number

Shootingstars23@icloud.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Shooting stars Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
4654 NE 14th Pl.

Ocala, Fl. 34470

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To help youth and adults alike in my community to build a plan for success.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Is the founder.

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

Name and Title: Claude Tucker Director/ Founder

Name and Title: \_\_\_\_\_

Address 4654 NE 14th Pl.  
Ocala, Fl. 34470

Address: \_\_\_\_\_

Name and Title: Vannssa Tucker Director of Programs

Name and Title: \_\_\_\_\_

Address 4654 NE 14th Pl.  
Ocala, Fl. 34470

Address: \_\_\_\_\_

Name and Title: Kytia Shantel Tucker Secretaoy

Name and Title: \_\_\_\_\_

Address 4654 NE 14th Pl  
Ocala, Fl. 34470

Address: \_\_\_\_\_

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CLERK OF DISTRICT COURT  
ALACHUA COUNTY, FLORIDA

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: Claude Tucker  
Address: 4654 NE 14th Pl.  
Ocala, FL 34470

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: shooting Stars  
Address: 4654 NE 14th Pl.  
Ocala, FL 34470

**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*

Claude Tucker  
Required Signature of Registered Agent

8/11/22  
Date

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

Claude Tucker  
Required Signature of Incorporator

8/11/22  
Date