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

SUBJECT: _	Star	Oracl	e (or 0	oration		
(Proposed corporate name - must include suffix)							

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

田田	20 (Filia	570.00 ng Fee
RECEIV	41 JH 66	

\$78.75 Filing Fee & Certificate of Status

\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

Box 20572
Address

850-562-5838 Daytime Telephone number

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

ARTICLES OF INCORPORATION

NAME

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

The name of the corporation shall be: Star Uracle Corpor	ation		
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: P. D. Talla	1. Box 20! hassee, F	572 1, 323/6	,
ARTICLE III PURPOSE(S) The specific purpose(s) for which the corporation is organized is(are): Orchitectural designer of chu	rches		_
ARTICLE IV MANNER OF ELECTION OF DIRECTORS The manner in which the directors are elected or appointed is: OS Stated in the by laws			_
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Mathilda Nipper 2013 Faulk Dr. Tallahassee, Fl. 32303 ARTICLE VI INCORPORATOR	SECRETARY OF STATE TALLAHASSEE, FLORIT	APPROVED	
The <u>name and address</u> of the Incorporator to these Articles of Incorporation are: Mathilda Nipper P.O.Box 20572 Tallahassee, Fl. 3236	Sm o∍		
12-14-99	:	स स्र स्≡ा	
Signature/Incorporator Date			

(An additional article must be added if an effective date is requested.)

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/Registered Agent Date