

TRANSMITTAL LETTER

Department of
Division of Corporation
P. O. Box 632
Tallahassee, Florida 32304

POW28919

SUBJECT:

STARION CONSULTANTS INC.

(Proposed corporate name - must include suffix)

700003172357--3
-03/16/00-01050-002
*****87.50 *****87.50

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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

FREDERICK THOMPSON
Name (Printed or typed)

4242 SW 10TH WAY
Address

DAVIE FL. 33328
City, State & Zip

954-473-0005
Daytime Telephone number

00 MAR 16 PM 2:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

[Signature]
3/22

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:

STARION CONSULTANTS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4242 SW 10TH WAY DAVIE
FL 33328
COST ENGINEERING /
CONSTRUCTION CLAIMS AND PROJECT SCHEDULING.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

FREDERICK THOMPSON PRESIDENT
4242 SW 10TH WAY DAVIE FL 33328

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

FREDERICK THOMPSON
4242 SW 10TH WAY
DAVIE FL 33328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

FREDERICK THOMPSON
4242 SW 10TH WAY
DAVIE FL 33328

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

Signature/Incorporator

MARCH 15, 2000

Date

MARCH 15, 2000

Date

FILED
00 MAR 16 PM 2:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA