POIOSITE ED 1557

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 OT MAY 17 AM 8: 30 SECRETARY OF STATE TALLAHASSEE FLORIDA

				-		
SUBJECT:	_Six	Stacs	PECFORMES ED CORPORATE NAME	Inc.	6000042 -05/17/ CLUDE SUFFIX***	01-201179- ₀₀₅ 3 7.50 *****87.50

□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED				
FROM:	Govinda home Name (Pr	INO Finted or typed)					
	6126 curry ford hd. APT 147						
	Orlando FL.	32872 State & Zip					
	407- 468-0886	3					

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

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

Daytime Telephone number

e/

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be: Six stars Performers Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 6126 Curry Ford Rd Unit 147 Orlando, FL 32822
ARTICLE III PURPOSE The purpose for which the corporation is organized is: To Operate Janatorial Sevices.
ARTICLE IV SHARES The number of shares of stock is: 1,000.
The number of shares of stock is: 1,000. ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Govinda Lomero 6126 Curry Ford Rd. Unit 14: Orlando FL 32822
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Govinda homero 6126 Curry Ford Ld Unit 147 Orbando FL 32822.

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
Signature/Registered Agent Date
printed printerio 05-09-01
Signature/Incorporator Date