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02 APR - 1 PM 4: 07

SECRETARY OF STATE-TALLAHASSEE FLORIDA

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

400005179304--6 -04/01/02--01046--003 *****78.75 ******78.75

SUBJECT:	ASTER			
	(Proposed corporate name - must include suffix)			
		٠		
Enclosed is an original	l and one(1) copy of the articles	s of incorporation and a	check for :	
_				
\$70.00	≥ \$78.75	□ \$122.50	□ \$131.25	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate	& Certified Copy	Certified Copy	
			& Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: _	ELSA A. PINO			
Name (Printed or typed) 6630 ALLEN ST				
				Address
	Hollywood FL-33024			
954-9643325				
•	Daytime Telephone number			

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

NOTE: APR - 5 2002

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FILED

ARTICLES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE I	NAME
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The name of the corporation shall be:

ASTER CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6630 ALLENST,

Hollywood FI. 33024

ARTICLE III SHÁRES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ELSA A. PINO- 6630 ALLEN ST.

Hollywood FL 33024

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ELSA A, PINO - 6630 ALLEN ST

Hollywood PL.33024

Signature/Incorporator

Data

(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