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(Requestor's Name)		
(Ac	ddress)	,
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(Ci	ty/State/Zip/Phone	· #)
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(Bu	isiness Entity Nam	ne)
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SECRETARY OF STATE

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TRANSMITTAL LETTER

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

BJECI: STARK	DE CRUSS CI	TY & BRANFORI	J INC.
losed is an original	and one (1) co	py of the articles of	incorporation and a check
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	Filing Fee Certified Copy & Certificate
FRO	OM: STAI	RR OF CROSS CIT	TY & BRANFORD INC.
	401 C	EDAR ST.	
	-	Address	
	CRC	OSS CITY, FL 3262	28
	 -	City, State & Zip	
	(2)	52) 498-3828	

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

Daytime Telephone Number

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

STARR OF CROSS CITY & BRANFORD INC.

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ARTICLE II PRINCIPAL OFFICE

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

401 CEDAR ST. CROSS CITY, FL 32628

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 SHARES PAR VALUE \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BARBARA COULTHURST 172 W MAIN STREET MAYO, FL 32066

ARTICLE V INCORPORATOR(S)

The name(s) and street addresses of the incorporator(s) to these Articles of Incorporation are:

RICHARD SPOONER P.O. BOX 607 BRANFORD, FL 32008

The undersigned incorporators ha	ave executed th	nese Articles of Inco	orporation this
8 TH	day of	OCTOBER	<u>, 2002.</u>
<u>J</u>	Mene / Si	gnature	

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corpor	ration is: STARR OF CROSS CITY & BRA	ANFORD INC.
2. The name and address of	of the registered agent and office is:	FIL 03 OCT -9 SECRETARY FALLAHASSE
_	BARBARA COULTHURST	7 R D
	(Name)	TOTALE OF
	172 W MAIN STREET	To
-	(P.O. Box <u>not</u> acceptable)	
	MAYO, FL 32066	
-	(City/State/Zip)	 ,

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.

Babaia Coulthust 10-8-03
(Signature) (Date)