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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

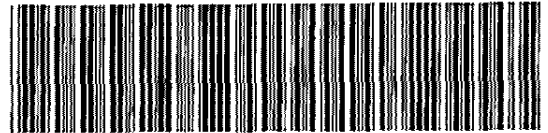
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE
DIVISIONS
DA

6-1-0

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Star Surface Solution, Inc.

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

☒ Art of Inc. File _____

_____ LTD Partnership File _____

_____ Foreign Corp. File _____

_____ L.C. File _____

_____ Fictitious Name File _____

_____ Trade/Service Mark _____

_____ Merger File _____

_____ Art. of Amend. File _____

_____ RA Resignation _____

_____ Dissolution / Withdrawal _____

_____ Annual Report / Reinstatement _____

☒ Cert. Copy _____

_____ Photo Copy _____

_____ Certificate of Good Standing _____

_____ Certificate of Status _____

_____ Certificate of Fictitious Name _____

_____ Corp Record Search _____

_____ Officer Search _____

_____ Fictitious Search _____

_____ Fictitious Owner Search _____

_____ Vehicle Search _____

_____ Driving Record _____

_____ UCC 1 or 3 File _____

_____ UCC 11 Search _____

_____ UCC 11 Retrieval _____

_____ Courier _____

ARTICLES OF INCORPORATION OF STAR SURFACE SOLUTION, INC.

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

Article I, Name

The name of the corporation shall be:
Star Surface Solution, Inc.

Article II, Mailing Address

The mailing address of this corporation shall be:
429 Magpie Ct. - Kissimmee, FL., 34759

Article III, Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1000 Shares with \$ 1.00 Par Value.

Article IV, Initial Registered Agent and Street Address

The name and address of the initial registered agent is:
Fabio de Medeiros
429 Magpie Ct. - Kissimmee, FL 34759

Article V, Incorporator.

The name and address of the Incorporator to these Articles of Incorporation is:

Fabio de Medeiros

Address

429 Magpie Ct. - Kissimmee, FL 34759

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Article VI, Purpose.

The purpose of this corporation shall be to do construction, construction repairs, and all kinds of services related thereof, to commerce, sell, buy, import and export all types or merchandise, goods and services, as well as to be the representative of other companies if so is desired. This Corporation will also trade in business with international and national corporations and individuals alike, always respecting the regulations existing in those areas. These objectives should not affect the capability to do all other businesses under the Laws of the United States of America and the State of Florida.

Article VII, Initial Board of Directors and Officers.

The names and Post Office Addresses of the members of the first board of directors and Officers are:

Fabio de Medeiros - President, Treasurer, and Director.

Melissa Rezende Amaro – Vice-President, Secretary, and Director.

Postal address at:

429 Magpie Ct. – Kissimmee, FL 34759

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Affidavit

State of Florida, Orange County.

Before me this day personally appeared Fabio de Medeiros, who being duly sworn, deposed and said that he is the Incorporator of Star Surface Solution, Inc., and is hereby duly authorized, responsible and apt to Incorporate according to the Statutes of the State of Florida.

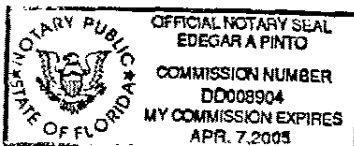
Fabio de Medeiros

x *Fabio de Medeiros*

Sworn to and subscribed before me this May 21, 2004.

Edegar A. Pinto

Notary Public



**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 corporation is: STAR SURFACE SOLUTION, INC.

2. The name and address of the registered agent and office is:

Fabio de Medeiros
(Name)

429 Magpie Ct.
(P.O. Box not acceptable)

Kissimmee FL 34759
(City/State/Zip)

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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]
(Signature)

[Signature]

