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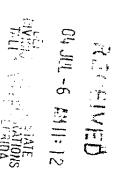
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LAZARUS CORPORATE FILING SERVICE		
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CORPORATION NAME(S) & DOCUMENT NUM 1. FLORIDA STAR LOGIS (Corporation Name)	BER(S) (if known): STICS INC.	
2. (Corporation Name)	(Document #)	
3.		
(Corporation Name) 4.	(Document #)	
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Annual Report Fictitious Name Limited Partners	<u>50</u>	
Name Reservation Reinstatement		
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Other

Examiner's Initials

PAGE 2 AMPROVED AND FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 1 - NAME

The name of the corporation shall be:

Florida StAR Logistics INC.

ARTICLE II - PRINCIPAL OFFICE

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

2541 SUMMIT Blud West palm Beach Fl 33406

ARTICLE III -SHARES

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

1,000

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Joel Gutierrez 2541 SUMMIT Blod Wort palm Beach Fl 33406

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: Judy Buttereez

2541 SOMMIT Blod Westpalm Beach Fl 33406

The undersigned incorporator has executed these Articles of Incorporation this _2_ day of _1uly _____ 2009

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Joel Gutierprez

2541 Summit Blud

West PAIM Beach F1 33406

(President)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature