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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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U.S. DEPT. OF JUSTICE

7-7-04

## TRANSMITTAL LETTER

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

SUBJECT: Style Star Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

Lisa Hoffmaier  
Name (Printed or typed)

Hoffmaier Accounting  
5101 NW 21st Ave.  
Suite 200  
Ft. Lauderdale, FL 33309  
City, State & Zip

(954) 735-8770  
Daytime Telephone number

FAX (954) 733-9220

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Style Star, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1007 East Las Olas Boulevard  
Fort Lauderdale, Fl. 33301

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

Jay D. Johnson  
3715 Turtle Run Blvd. Suite 236  
Coral Springs, Fl. 33067

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address registered agent is:

Jesse L. Briggs  
1007 East Las Olas Boulevard  
Fort Lauderdale Fl. 33301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Jesse L. Briggs  
1007 East Las Olas Boulevard  
Fort Lauderdale Fl. 33301

\*\*\*\*\*

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

X   
\_\_\_\_\_  
Signature/Registered Agent

6-15-01  
\_\_\_\_\_  
Date

X   
\_\_\_\_\_  
Signature/Incorporator

6-15-01  
\_\_\_\_\_  
Date

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