

P05000141418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

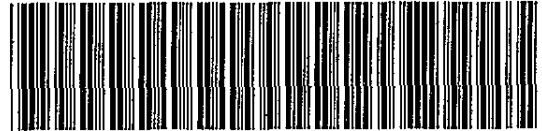
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 OCT 17 AM 10:47

CLERK OF STATE
TALLAHASSEE, FLORIDA

10/19/✓

COVER LETTER

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

SUBJECT: StarScreen International Corp.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Wendel R. Wendel

Name (Printed or typed)

2859 Spyglass Cove

Address

Longwood, FL 32779

City, State & Zip

407-341-5972

Daytime Telephone number

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:

StarScreen International Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2859 Spyglass Cove, Longwood, FL 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

500,000 shares with a par value of \$.01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Wendel R. Wendel
President
2859 Spyglass Cove
Longwood, FL 32779

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Wendel R. Wendel
2859 Spyglass Cove
Longwood, FL 32779

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Wendel R. Wendel
2859 Spyglass Cove
Longwood, FL 32779

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



Signature/Registered Agent



Signature/Incorporator

FILED
05 OCT 17 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/9/05

Date

10/9/05

Date