P08000019350

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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On Affinal Courts of Chahra				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT:	IVE STAR	I, ZNC	
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the ar	ticles of incorporation and	l 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
	c.	ADDITIONAL CO	
FROM:	Shirley Dou	リルら e (Printed or typed)	
	32.99 M	OE CR Address	
	High S	SPRINGS,	FL 32643
	386-454- Daytime	0951 Telephone number	10-10-10-10-10-10-10-10-10-10-10-10-10-1

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

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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:

FIVE STARI, INC

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

3299 N. E CR. 337 High Spainas, FL 32513 ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRANSPORTATION

ARTICLE IV SHARES

The number of shares of stock is:

100

INITIAL OFFICERS AND/OR DIRECTORS

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

Shirley DOWNS, PRES/ TREASURING 3299 NE CR 337 High Speins, Il 32643 Lou Sichini V. PRES/ Sieciy 1105 JT CLARK, GAINESVILLE, FL 52606-7140

ARTICLE VI REGISTERED AGENT				
The name and Florida street address (P.O. Box NOT acceptable) of the register	ed agent is:			
R Scott Sichini				
5340 SE 57th PL. High SpRings, &	1 326 43			
ARTICLE VII INCORPORATOR				
The <u>name and address</u> of the Incorporator is:				
Shirley DOWNS 3299 DECR337 Digh SpRINGS, FL	32643			

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				
Seatt Sichini Signature/Registered Agent	2 - 8 - 08 Date			
Shel L'Oser	2-8-08			
Signature/Incorporator	Date			
()				



RECEIVED

FLORIDA DEPARTMENT OF STATE ORFORATIONS
Division of Corporations 10N OF CORFORATIONS

February 13, 2008

SHIRLEY DOWNS 3299 NE CR 337 HIGH SPRINGS, FL 32643

SUBJECT: FIVE STAR I

Ref. Number: W08000007802

We have received your document for FIVE STAR I and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a the suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., ... INC., and INCORPORATED.

Please list the street address of each officer/director.

🚃 Please return the corrected original and one copy of your document, along with as 💢 👪 🔻 Exacopy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6993.

Annie Hall Regulatory Specialist II New Filing Section

Letter Number: 408A00009447

HERE ELECTIVE IN COME SO THE SHIPLY DEPOSITIONED FOR

MC. THE INCORPORATED.