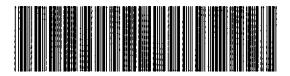
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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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2010 JUN-1 PH 1:22 SECRETARY OF STATE ALLAHASSEE, FI DATE

TRANSMITTAL LETTER

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

| SUBJECT: | 4 IDEAL STAR WHOLESALE, INC. | | | | |
|----------------------|--|--|---|----------|--|
| sender. | (PROPOSED CORPOR | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) | | |
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | f a check for: | | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | □ \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED | | |
| FROM: | | auma Lubin e (Printed or typed) | | | |
| - | 5345 Sholtz St Address Address | | SECRETARY TALLAHASSE | Ť | |
| | Naples, Florida 34113 City, State & Zip | | ARY OF SI | Ä | |
| - | (603)820-0532 | | 1:22 | The same | |

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

Articles of Incorporation

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

FIRST

The name of the corporation is: 4 IDEAL STAR WHOLESALE, INC.

SECOND

The period of its duration is Indefinite.

THIRD

The purpose of the corporation is: Import- Export- Wholesale -Retail

FOURTH

The aggregate number of authorized shares is 1000 shares Par-Value \$1.00

FIFTH

The corporation will not commence business until at least One Thousand (\$1,000.) Dollars have been received by it as consideration for the issuance of Shares.

SIXTH

Cumulative Voting of shares of stock are authorized.

SEVENTH

Provisions Limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are: Approved by both the Stockholders and Board of Directors.

EIGHT

Provisions for regulating the internal affairs of the corporation are The Managing Partners (Corporate Officers) will be responsible for all day to day operation.

Articles of Incorporation

NINTH

The address of the initial Registered Office of the corporation is: 5345 Sholtz Street Naples, Florida 34113 and the name of it's initial Registered Agent at such address is: Lauma Lubin

TENTH

Address of the principal place of business is: 5345 Sholtz Street Naples, Florida 34113

ELEVENTH

The number of directors constituting the initial board of directors of the corporation is Two, and the names and address of the persons who are to serve as directors until the first annual meeting of the Shareholders or until their successors are elected and shall qualify are:

| - | |
|------------------------------|---|
| * Lauma Lubin Pres. | 5345 Sholtz Street Naples, Florida 34113 |
| * Jacqueley Dorvilus Vp. | 13623 Legacy Lane Naples, Florida 34114 |
| * Raymonde Labranche Secret. | 200 Pebble Beach Blvd. Apt. 406 Naples, Fl.34113 |
| * Lucner Pierre Treas. | 2460 14 TH Avenue NE Naples, Fl. 34120 |

ADDRESS

TWELFTH

The name and address of each incorporator is:

NAME

| <u>NAME</u> | <u>ADDRESS</u> |
|------------------------------|---|
| * Lauma Lubin Pres. | 5345 Sholtz Street Naples, Florida 34113 |
| * Jacqueley Dorvilus Vp. | 13623 Legacy Lane Naples, Florida 34114 |
| * Raymonde Labranche Secret. | 200 Pebble Beach Blvd. Apt. 406 Naples, Fl.34113 |
| * Lucner Pierre Treas. | 2460 14 TH Avenue NE Naples, Fl. 34120 |

Date: May 25, 2010

Lucner Pierre, Incorporator

Having been named as Registered Agent and to accept services of process for the 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, my position as Registered Agent.