P10000085317

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

Office Use Only



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09/27/10--01026--010 **87.50

10 OCT 15 PH 4: 25
SECRETARY OF STATE

M

COVER LETTER

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

SUBJECT: 5 Stars Financial Servi	ces Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	nd a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
	ADDITIONAL C	OPY REQUIRED
FROM: Wisly Toussaint Name	(Printed or typed)	
530 NE 164th Terr		
	Address	
Miami, Florida 33162 City, S	State & Zip	
786-506-2467 Daytime Te	elephone number	
wisly.toussaint@yahoo.c	om for future annual report	notification)

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



September 30, 2010

TOUSSAINT WISLY 530 NE 164 TERR MIAMI, FL 33162

SUBJECT: 5 STAR FANANCIAL SERVICES PLUS

Ref. Number: W10000045871

We have received your document for 5 STAR FANANCIAL SERVICES PLUS 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please check the spelling of the corporate name.

Please return the corrected original and one copy of your document, along with a copy 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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 410A00023277

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



ARTICLE I	NAME 5 STARS FINANCIA	AL SERVICES INC.	10 OCT 15 PM 4: 26
The name of the	corporation shall be:		10 001 10 PM 4: 26
ARTICLE II	PRINCIPAL OFFICE		SECRETARY OF COME
	Principal street address	Maili	SECRETARIO UP STATE
	530 NE 164TH Street		- WILL FLURIDA
	Miami, Florida 33162		
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
	lawful business		
ARTICLE IV	SHARES		
The number of sl	hares of stock is: 100 shares		
APTICLE V	INITIAL OFFICERS AND/OR DIREC	TOPS	
Name and	Title: Wisly Toussaint President	Name and Title:	
Address:	530 NE 164th Terr	Address:	
	Miami, Florida 33162		
	<u> </u>		
Nome and	Title:Ronaldyne Damilus Secretary	Name and Title	
Address:	530 NE 164th Street	Name and Title	
riddress.	Miami, Florida 33162		
N 1	Training Training State	N 100'41	
Name and Address:	Title: Jude Toussaint 530 NF 164th Street	Name and Title:	
Addiess.	Miami, Florida 33162		
	INIMITI, I IOIICA SSIUZ		
APTICI.E VI	REGISTERED AGENT		
	Torida street address (P.O. Box NOT acceptable	le) of the registered agent is:	
Name:	Wisly Toussaint		
Address:	530 NE 164th Terr		
	Miami, Florida 33162		
APTICI.E VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	Wisly Toussaint		
Address:	530 NE 164th Terr		
	Miami, Florida 33162		
Yavina haan na	med as registered agent to accept service of pr	roces for the above stated a	cornoration at the place designated i
	am familiar with and accept the appointment a		
		- · · · · · · · · · · · · · · · · · · ·	
A		/ *	10/8/2010
	Required Signature/Registered Agent		Date
(]		\bigcirc \bigcirc	
submit this do	current and affirm that the facts stated herein	are true. I am aveare that	the false information submitted in
tocument to the	Department of State constitutes & third degree)	tetony as provided for in s.81	17.155, F.S.
1 .		/// / / ′	40/0/0040
		<u> </u>	10/8/2010
	Required Signature Incorporator	• •	Date