

711000032451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

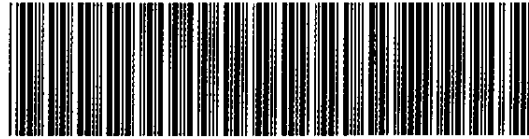
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special instructions to Filing Officer:

Office Use Only



400199470154

03/31/11--01017--038 **166.25

2011 MAR 31 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

COVER LETTER

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

SUBJECT: ALL STARS AUTOS INC.
(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: Mariano Rodriguez
Name (Printed or typed)

407 Lake Howell Road
Address

Maitland, FL 32751
City, State & Zip

407-921-1646
Daytime Telephone number

Allstarsautos01@yahoo.com
E-mail address: (to be used for future annual report notification)

2011 MAR 31 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 All Stars Autos Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 407 Lake Howell Rd
Maitland, FL 32751
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
to have the ability of obtaining an wholesale auto license and having the ability to purchase automobiles at auctions.

ARTICLE IV SHARES
The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Mariano Rodriguez/CEO</u>	Name and Title: _____
Address: <u>2 Columbia Avenue</u>	Address: _____
<u>St. Cloud, FL 34769</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Mariano Rodriguez
Address: 2 Columbia Avenue
St. Cloud, FL 34769

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Mariano Rodriguez
Address: 2 Columbia Avenue
St. Cloud, FL 34769

FILED
2011 MAR 31 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mariano Rodriguez Required Signature/Registered Agent 03/28/2011 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mariano Rodriguez Required Signature/Incorporator 03/28/2011 Date