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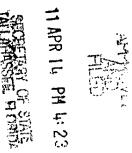
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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W1100019144 846.

COVER LETTER

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

SUBJECT: Top Star Business Cor	poration
(PROPOSED CORPORA	TE NAME – MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Elizabeth Monteiro Aldere Name	(Printed or typed)
5489 Wiles Rd # 302	13
A	Address
Coconut Creek, FL, 330	73 State & Zip
754-2350052 Daytime To	elephone number
ealderete@live.com E-mail address: (to be used	for future annual report notification)

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

4/14/11

CORPORATE DETAIL RECORD SCREEN

12:56 PM

NUMBER: W11000019144

W11000019144 REJECTED FILING : TOP STAR BUSINESS CORPORATION

REJ: 04/05/2011

SUBMIT BY: ELIZABETH MONTEIRO ALDERETE

ADDRESS : 5489 WILES RD #302

COCONUT CREEK, FL 33073

USER ID

: JAHICKMAN

1. MENU, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

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

Principal street address Stab Willing address, if different is: 5489 Willes Rd # 302 Coconut Creek, FL, 33073 ARTICLE III PURPOSE The purpose for which the corporation is organized is: The principal business purpose for the Top Star Business is provide services, consulting and sells. ARTICLE IV SHARES The number of shares of stock is:100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title Elizabeth Monteiro Alderete/owner Address: 9355 SW 8th St # 325 Address: 9355 SW 8th St # 325 Address: Address: Address: Name and Title: Name and Title: Address: Address: Name and Title: Address: Name and Title: Address: Address: Address: Address: Address: Name and Title: Name and Title: Address: Address: Address: Address: Address: Address: ARTICLE VI REGISTERED AGENT The name and Plorida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Address: Address: 355 SW 8th St # 325 BARTICLE VI INCORPORATOR P. C. Box NOT acceptable) Name: Address: Address: Name: Address: Address: Name: Address: Address: Name: Bizzabeth Monteiro Alderete Address: 9355 SW 8th St # 3355 Baca Raton, FL 33428 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 Comment to the Department of State constitutes a stored herein are true. I am aware that the false information submitted in toconwent to the Department of State constitutes a stored herein are true. I am aware that the false information submitted in toconwent to the Department of State constitutes a stored herein are true. I am aware that the false information submitted in toconwent to the Department of State constitutes a stored herein are true. I am aware that the false information submitted in toconwent to the Department of State constitutes a stored herein ar	ARTICLE II	PRINCIPAL OFFICE			
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