

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BARINAS & ASSOCIATES INC.  
Account Number : 120000000082  
Phone : (305) 871-0889  
Fax Number : (305) 870-9623

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
STAR TELECOM, INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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J. Shivers AUG 18 2011

**COVER LETTER**

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

**SUBJECT:** STAR TELECOM, 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:** YANELLE M BARINAS  
Name (Printed or typed)

5701 NW 36 ST  
Address

MIAMI, FL 33166  
City, State & Zip

305-871-0889  
Daytime Telephone number

BARINASB@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

**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

The name of the corporation shall be:

STAR TELECOM, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

PHYSICAL:

7441 WAYNE AVENUE #8D

MIAMI BEACH, FL 33141

MAILING:

PO BOX 414396

MIAMI BEACH FL 33141

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSES

### ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JULIA R. MORALES, PSVD

7441 WAYNE AVENUE #8D

MIAMI BEACH, FL 33141

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JULIA R. MORALES

7441 WAYNE AVENUE #8D

MIAMI BEACH, FL 33141

### ARTICLE VII INCORPORATOR

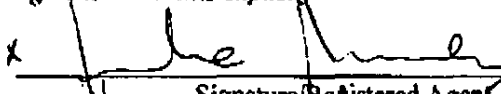
The name and address of the Incorporator is:


JULIA R. MORALES

7441 WAYNE AVENUE #8D

MIAMI BEACH, FL 33141

\*\*\*\*\*  
*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*

x   
\_\_\_\_\_  
Signature/Registered Agent

x   
\_\_\_\_\_  
Signature/Incorporator

08/16/2011

Date

08/16/2011

Date

FILED  
AUG 17 AM 8:49  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA