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

AND FILED



COVER LETTER

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

SUBJECT:	Starship Online Enterprises, Inc.			
	(PROPOSED CORPORA)			
\$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 OPY REQUIRED	
ED OM	Mayna	ard D. Zinn		
FROM: _	Name	(Printed or typed) V 138th Lane		
Dunnellon, FL 34432 City, State & Zip				
_	352-8 Daytime Te	373-4432 elephone number		
-	mayn74zinn@ E-mail address: (to be used	embarqmail.con	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 The name of the co	NAME Starship Online Ent	erprises, Inc.	# SEP - 9 PH 4: 18
ARTICLE II	PRINCIPAL OFFICE		
1	Principal <u>street</u> address 1371 SW 138th Lane Junnellon, FL 34432	Mailing	SECRETARY OF STATE address, if RATE ADDRESS. FLORIDA
ARTICLE III	PURPOSE hich the corporation is organized is:		
	of the corporation is to conduct ar	ny lawful purpose or po	urposes.
ARTICLE IV	SHARES res of stock is: 100		
	INITIAL OFFICERS AND/OR DIRECT	MPS	
	tle:Maynard D. Zinn, President		
Address:	11371 SW 138th Lane	Address:	
	Dunnellon, FL 34432		
Name and Ti	tle:	Name and Title:	
Address:			
Name and Ti	tle:	Name and Title:	
Address:		Address:	
			
ARTICLE VI	REGISTERED AGENT		
The <u>name and Flo</u> i	rida street address (P.O. Box NOT acceptabl	e) of the registered agent is:	
Name:	Corporation Service Company		
Address:	1201 Hays Street Tallahassee, FL 32301		
ARTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name:	Maynard D. Zinn		
Address:	11371 SW 138th Lane Dunnellon, FL 34432		
Having been name his certificate, I an	ed as registered agent to accept service of pro in familiar with and accept the appointment as	s registered agent and agree to	rporation at the place designated in o act in this capacity
Tar	Winder Wyones, Assistant	Ϋ́P	8/20/11
15	Required Signature/Registered Agent		Date
submit this docu tocument to the De	ment and affirm that the facts stated herein epartment of State constitutes a third degree fo	are true. I am aware that the leading of the lead to the lead of t	he false information submitted in a
\mathscr{M}_{-}			61-1.
11/0	ynasd Dains Required Signature/Incorporator		9/7/// Date
	. 5		,