

P11000093808

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 : ASSOCIATED TAX CONSULTANTS GROUP,
Account Number : I20110000056
Phone : (305) 823-9292
Fax Number : (305) 824-0703

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TALLAHASSEE, FLORIDA

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

Email Address: ATCGI@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
FIVE STARS CASTINGS & PAINTING, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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MRS 10/27



October 26, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations
ASSOCIATED TAX CONSULTANTS GROUP, INC.

SUBJECT: FIVE STARS CASTING & PAINTING, INC.
REF: W11000054812

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000253234
Letter Number: 311A00024463

P.O BOX 6327 - Tallahassee, Florida 32314

H110002532343

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11 OCT 26 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State

Attention: New Filings Section

Date: OCTOBER, 21 2011

To whom it may concern:

This is to advise you that the owners of FIVE STARS CASTINGS & PAINTING, INC.

Of Doc # P99000040295 Are the same owners of the attached articles of incorporation.
We have dissolved the company and have no intention of reopening it. Thank you for your help
in this matter.


CARMEN N MARTINEZ-REGISTER AGENT

H110002532343

H110002532343

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

FIVE STARS CASTINGS & PAINTING, INC.

11 OCT 26 AM 10:12

ARTICLE II PRINCIPAL OFFICE

Principal street address

8720 N.W. 153 TERRACE

MIAMI LAKES FL 33018

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARTINEZ, CARMEN N PD

Address: 8720 N.W. 153 TERRACE

MIAMI LAKES FL 33018

Name and Title:

Address:

Name and Title: MARTINEZ, JORGE VPD

Address: 8720 N.W. 153 TERRACE

MIAMI LAKES FL 33018

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: MARTINEZ, CARMEN N

Address: 8720 N.W. 153 TERRACE

MIAMI LAKES FL 33018

ARTICLE VII INCORPORATOR

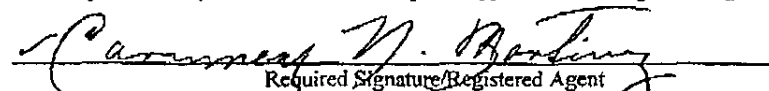
The name and address of the Incorporator is:

Name: MARTINEZ, CARMEN N

Address: 8720 N.W. 153 TERRACE

MIAMI LAKES FL 33018

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


Required Signature/Registered Agent

10/21/11

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.


Required Signature/Incorporator

10-21-11
Date

H110002532343