

P12000019743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

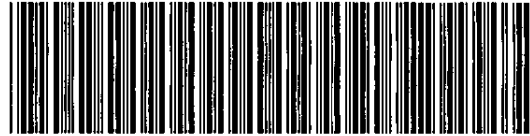
(Document Number)

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12 FEB 27 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch FEB 28 2012

## COVER LETTER

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

SUBJECT: Academic Stars, 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: Kathleen C. Maloney

Name (Printed or typed)

2618 SE Morningside Boulevard

Address

Port St. Lucie, FL 34952

City, State & Zip

305-393-0992

Daytime Telephone number

kathleencmaloney@yahoo.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: Academic Stars, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
2618 SE Morningside Boulevard  
Port St. Lucie, FL 34952

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To provide tutoring and extra educational services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 shares of common stock with a par value of \$1.00 per share.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Kathleen C. Maloney, President</u>	Name and Title: <u>Kathleen C. Maloney, Treasurer</u>
Address: <u>2618 SE Morningside Boulevard</u>	Address: <u>2618 SE Morningside Boulevard</u>
<u>Port St. Lucie, FL 34952</u>	<u>Port St. Lucie, FL 34952</u>

Name and Title: <u>Kathleen C. Maloney, Vice President</u>	Name and Title: _____
Address: <u>2618 SE Morningside Boulevard</u>	Address: _____
<u>Port St. Lucie, FL 34952</u>	_____

Name and Title: <u>Kathleen C. Maloney, Secretary</u>	Name and Title: _____
Address: <u>2618 SE Morningside Boulevard</u>	Address: _____
<u>Port St. Lucie, FL 34952</u>	_____

**ARTICLE VI REGISTERED AGENT**

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


Name: Kathleen C. Maloney  
Address: 2618 SE Morningside Boulevard  
Port St. Lucie, FL 34952

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kathleen C. Maloney  
Address: 2618 SE Morningside Boulevard  
Port St. Lucie, FL 34952

*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

02/23/12

\_\_\_\_\_  
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

02/23/12

\_\_\_\_\_  
Date