

P12000043556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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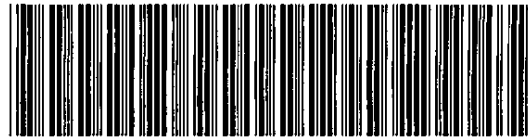
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 19 PM 2:02

7/20/12

COVER LETTER

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

SUBJECT: 5 Star American Services 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: Melissa Knoop

Name (Printed or typed)

11215 159th Ct. N

Address

Jupiter, Florida 33478

City, State & Zip

561-262-4696

Daytime Telephone number

maknoop@hotmail.com

E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS

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: 5 Star American Services Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
11215 159th Ct. N
Jupiter, Florida 33478

Mailing address, if different is: PH 2: 02

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To engage in the sale of products and services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Melissa Knoop President
Address: 11215 159th Ct. N
Jupiter, Florida 33478

Name and Title: Jennifer Knoop Treasurer
Address: 115 Augusta Dr.
Houston, Texas 77057

Name and Title: David Knoop Vice- president
Address: 11215 159th Ct. N
Jupiter, Florida 33478

Name and Title:
Address:

Name and Title: Allyson Blohm Secretary
Address: 2444 Madison Rd
Cincinnati, Ohio 45208

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

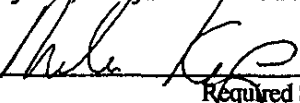
Name: Melissa Knoop
Address: 11215 159th Ct. N
Jupiter, Florida 33478

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

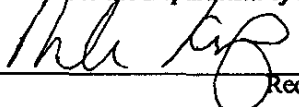
Name: Melissa Knoop
Address: 11215 159th Ct. N
Jupiter, Florida 33478

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

 / Melissa Knoop
Required Signature/Registered Agent

7/17/12
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.

 / Melissa Knoop
Required Signature/Incorporator

7/17/12
Date