

JUN/24/2013 MON 05:16 PM

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FAX No.

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
7 STARS TECHNOLOGIES, INC.

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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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13 JUN 20 2013

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

ARTICLE I NAME 7 STARS TECHNOLOGIES, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address
20533 BISCAYNE BLVD # 4719
AVENTURA, FL 33180

Mailing address, if different is:
20533 BISCAYNE BLVD # 4719
AVENTURA, FL 33180

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TECHNOLOGY TO PROVIDE SERVICE
QUALITY MEASUREMENT FOR RESTAURANTS AND HOTELS.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>LUIS A. VAZQUEZ, PRESIDENT</u>	Name and Title:	_____
Address	<u>20533 BISCAYNE BLVD # 4719</u>	Address:	_____
	<u>AVENTURA, FL 33180</u>		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LUIS A. VAZQUEZ
Address: 20533 BISCAYNE BLVD # 4719
AVENTURA, FL 33180

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: GLINSKY CPA GROUP, PA
Address: 100 N. BISCAYNE BLVD # 2800
MIAMI, FL 33132

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

06-14-13

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

06-14-13

Date

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