

P/3000097190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

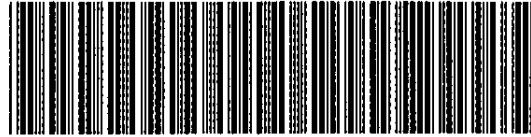
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400253953084

12/04/13--01015--007 **78.75

FILED
13 DEC -4 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R 12/06/13

COVER LETTER

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

SUBJECT: **STARTDUST CIRCUS, 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: **OSCAR GARCIA**

Name (Printed or typed)

935 N. Beneva Rd. # 609 Box 20

Address

Sarasota, FL 34232

City, State & Zip

941-735-1344

Daytime Telephone number

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: STARTDUST CIRCUS, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

217 N. Lockwood Ridge

Sarasota Fl. 34237

Mailing address, if different is:

935 N. Beneva Rd. #609

box 20

Sarasota, Fl 34232

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To perform entertainments activities for audiences
around the United States and other countries, with national or foreign artists.

ARTICLE IV SHARES

The number of shares of stock is: 200 non par value

13 DEC -4 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Oscar Garcia, President

Address: 935 N. Beneva Rd. # 609

Box 20,

Sarasota, Fl 34232

Name and Title: Celeste Garcia, Director

Address: 935 N. Beneva Rd. #609

Box 20.

Sarasota, Fl 34232

Name and Title: Estrella Garcia, Treasury

Address: 935 N. Beneva Rd. #609

Box 20,

Sarasota, Fl. 34232

Name and Title: _____

Address: _____

Name and Title: Liza B. Godina, Secretary

Address: 935 N. Beneva Rd. #609

Box 20,

Sarasota, Fl 34232

Name and Title: _____

Address: _____

(conti.)

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

ARTICLE VI REGISTERED AGENT

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

Name: Oscar Garcia
Address: 217 N. Lockwood Ridge Rd.
Sarasota, FL 34237

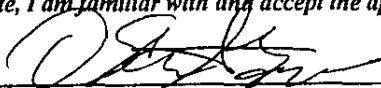
FILED
13 DEC -4 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Oscar Garcia
Address: 217 N. Lockwood Ridge Rd.
Sarasota, FL 34237

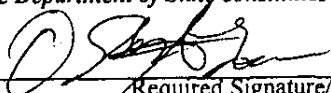
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11/29/2013
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

11/29/2013
Date