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## **COVER LETTER**

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

SUBJECT: By	Stark Inc		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l 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 CO	PPY REQUIRED
FROM: A	ndres M Starkan	id	
19	9207 NE 18th Av	e (Printed or typed)	
 M	iami, FI, 33179	Address	
ÍAI		, State & Zip	
9	17-215-8461		
	Daytime T	elephone number	

NOTE: Please provide the original and one copy of the articles.

astarkand@gmail.com

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

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

The name of the corporat	ion shall be: By Stark Inc		
ARTICLE II PRII	vcipal office Principal street address A Av, Miami, Fl 33179	·	Mailing address, if different is:
		<del></del>	
ARTICLE III PURI The purpose for which the	POSE ne corporation is organized is: Sales	of sports ar	ticles and accesories
			SECRETARY SECRETARY
ADTICITIV SUA	DFC		OF STATE
	riock is: 100 EIAL OFFICERS AND/OR DIRECTO Andres M Starkand Preside		Maria E Danza Director
Address	19207 NE 18th Av	Address:	19207 NE th Av
	Miami, Fl 33179		Miami, Fl 33179
Name and Title:	,	Name and Title	
Address			
		_	
Name and Title:			
Audiess		Address:	

Name and	a ritie:	Name and Title:	
Address		Address:	
			<u></u>
•		•	
ARTICLE VI	REGISTERED AGENT		
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Andrea Mastadkand		
Address:	19207 NE 18th Av, Miami,		
	FI, 33179	· .	
ARTICLE VII	INCORPORATOR		
he <u>name and ad</u>	dress of the Incorporator is:		
Name:	Andres M Starkand		
Address:	19207 NE 18th Av, Miami,		
	FI, 33179		
laving been nan his certificate, I d	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corport istered agent and agree to ac	ntion at the place designate of in this capacity 03/17/2014
	Required Signature/Registered Agent		Date
submit this doc ocument to the l	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the fa v as provided for in s.817.15.	lse information submitted i 5, F.S.
•			03/17/2014
	Required Signal re/Incorporator		Date