

P140000066129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

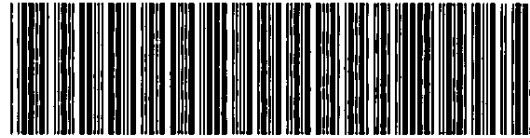
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/24/14--01009--013 **78.75

FILED
14 AUG -7 AM 7:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WA-46039

COVER LETTER

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

SUBJECT: **STARMAX OF ORLANDO 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: **LUTFI UGURLU**

Name (Printed or typed)

5705 EAST COLONIAL DR

Address

ORLANDO, FL 32807

City, State & Zip

4079233019

Daytime Telephone number

LU@STARMAXFINANCE.COM

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2014

LUTFI UGURLU
5705 E COLONIAL DR
ORLANDO, FL 32807

SUBJECT: STARMAX OF ORLANDO
Ref. Number: W14000046039

14 AUG -7 AM 10:15
TALLAHASSEE, FL
STATION

REC'D .D

68

We have received your document for STARMAX OF ORLANDO and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 314A00016089

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:

STARMAX OF ORLANDO INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5705 EAST COLONIAL DR
ORLANDO, FL 32807

Mailing address, if different is:

5705 EAST COLONIAL DR
ORLANDO, FL 32807

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

USED VEHICLE RETAIL SALES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MUSTAFA SELCUK MUSLU/ DIRECTOR

Address

5705 EAST COLONIAL DR
ORLANDO, FL 32807

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

14 AUG -7 AM 7:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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: LUTFI UGURLU
Address: 5705 EAST COLONIAL DR
ORLANDO, FL 32807

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUTFI UGURLU
Address: 5705 EAST COLONIAL DR
ORLANDO, FL 32807

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

07/22/14
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

07/22/14
Date
14 AUG 7 17 AM
STATE
TALLAHASSEE FLORIDA