

P140000080028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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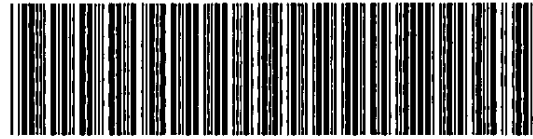
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEP 26 PM 2:56

SECRETARY OF STATE  
DIVISION OF CORPORATE & FINANCIAL SERVICES

## COVER LETTER

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

SUBJECT: **Star Amun P.A.**

(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: **Star Amun**

Name (Printed or typed)

**8930 W. State Road 84, #229**

Address

**Ft. Lauderdale, FL 33324**

City, State & Zip

**954-234-7217**

Daytime Telephone number

**Info@RealEstateWithStar.com**

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:

Star Amun P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8930 W. State Road 84, #229

Ft. Lauderdale, FL 33324

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

REALTOR

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Star Amun President

Name and Title:

Address

8930 W. State Road 84 #229

Address:

Ft. Lauderdale FL 33324

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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(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: Whitney Walker

Address: 9950 Sheridan St Apt 201

Pembroke Pines, FL 33024

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DIVISION OF CORP. & STAT.  
REGISTRY

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Star Amun

Address: 8930 W. State Road 84, #229

Ft. Lauderdale FL 33324

*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*

Whitney Walker  
Required Signature/Registered Agent

9/22/14  
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.*

Star Amun  
Required Signature/Incorporator

9/22/14  
Date