

From:

Division of Corporation

02/19/2015

37

#824 P.001/003

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
Starfish Florida Ventures Inc.

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#824 P.002/003

**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: Starfish Florida Ventures Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

c/o Heidner Law Firm PC

500 Fifth Ave. Suite 1810

New York, NY 10110

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To transact any and all lawful activity for which  
a corporation may be formed.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Leonardo Heidner

Name and Title: \_\_\_\_\_

Address 500 Fifth Ave. Suite 1810

Address: \_\_\_\_\_

New York, NY 10110

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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(cont.)

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: BlumbergExcelsior Corporate Services Inc.  
Address: 155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Christian D. Curtis  
Address: 500 Fifth Ave. Suite 1810  
New York, NY 10110

*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*  
Asst. Secretary, Jose McPhee

\_\_\_\_\_  
Required Signature/Registered Agent

\_\_\_\_\_  
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

02/19/2015  
Date

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