Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973

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**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 ALLSTARS FULL SERVICE CORP.

Certificate of Status	0	
Certified Copy	1	
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Estimated Charge	\$78.75	

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:
Allstars Full Service Corp.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 10300 SW 72 ST Suite 400-8
Miami FL 33173
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Jean Ernesto Monclus Barrera (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:
Jean Ernesto Monclus Barrera
10300 SW 72 ST Suite 400-8計 =
Miami FL 33173
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Jean Ernesto Monclus Barrera
10300 SW 72 ST Suite 460-8 Miami FL 33173

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Required Signatures:

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

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.

incorporator

Date

15 HAR -5 AM 8: 18