

P150000051771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

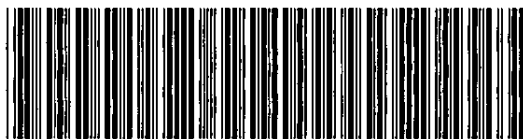
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EFFECTIVE DATE 6-10-15

CLERK OF STATE
TALLAHASSEE, FLORIDA

2015 JUN 12 P 1:43

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JUN 16 2015

T SCHROEDER

COVER LETTER

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

SUBJECT: A*STAR INSTALLATION, 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 ☐ \$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: JOYCE ADAMS

Name (Printed or typed)

12 SHADY LN. S.

Address

PALM COAST. FL 32137

City, State & Zip

386-986-7937

Daytime Telephone number

ADAMS.JJ09@GMAIL.COM

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

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

EFFECTIVE DATE 6-10-15

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: A*STAR INSTALLATIONS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

12 SHADY LN S

PALM COAST, FL 32137

Mailing address, if different is:

12 SHADY LN S

PALM COAST, FL 32137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SPECIFIC PURPOSE FOR A PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOYCE ADAMS, PRESIDENT

Address: 12 SHADY LN S

PALM COAST, FL 32137

Name and Title:

Address:

Name and Title: CHRISTOPHER ADAMS, VICE PRESIDENT

Address: 12 SHADY LN S

PALM COAST, FL 32137

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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2015 JUN 12 P 1:43
CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

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: JOYCE ADAMS

Address: 12 SHADY LN S

PALM COAST, FL 32137

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JOYCE ADAMS

Address: 12 SHADY LN S

PALM COAST, FL 32137

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2015 JUN 12 P 1:43
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

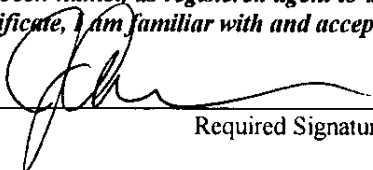
ARTICLE VIII EFFECTIVE DATE: 6/10/2015

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

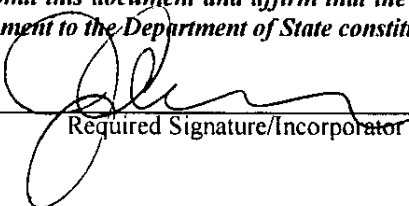


Required Signature/Registered Agent

6/10/2015

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

6/10/2015

Date