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COVER LETTER

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

SUBJECT: STE	LLA CARGO INC.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)		
Enclosed are an o	original and one (1) copy of the art	icles of incorporation and	d a check for:		
\$70.00 Filing Fee	• • • • • • • • • • • • • • • • • • • •	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
FROM:	MARICKA LAZAREVIC				
	Namo	e (Printed or typed)			
9	931 VILLAGE BLVD. STE.#905-501				
_	Address				
,	WEST PALM BEACH FL 33409				
_	City, State & Zip				
:	5613370894				
_	Daytime T	elephone number			
i	nfo@stellacargo.com				
_	E-mail address: (to be use	d for future annual report	notification)		

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

ARTICLES OF INCORPORATION SECRETARY OF STATE In compliance with Chapter 607 and/or Chapter 621, Fig. (Profit)\SSEE, CLORIDA

name of the corporation shall be:	15 SEP 28 PM 2: 26
ICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
VILLAGE BLVD. STE.#905-501	
ST PALM BEACH FL 33409	
ICLE III PURPOSE purpose for which the corporation is organized is:	
AND ALL LAWFUL BUSINESS	
UCLE IV SHARES 100 umber of shares of stock is:	
ICLE V INITIAL OFFICERS AND/OR DIRECTORS MARIGUA LAZARENIC ONNIER	
number of shares of stock is: ICLE V INITIAL OFFICERS AND/OR DIRECTORS	Name and Title:Address:
CLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: 931 VILLAGE BLVD, STE #905-501	Name and Title:
Name and Title: Address CLE V INITIAL OFFICERS AND/OR DIRECTORS MARICKA LAZAREVIC OWNER MARICKA LAZARE	Name and Title:
Name and Title: Address WEST PALM BEACH FL 33409	Name and Title:Address:
Name and Title: WEST PALM BEACH FL 33409 Name and Title: Name and Title:	Name and Title: Address: Name and Title:
Name and Title: Address WEST PALM BEACH FL 33409	Name and Title: Address: Name and Title:
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Name and Title: Name and Title: Address Name and Title: Address Name and Title:	Name and Title: Address: Name and Title: Address:

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

Name a	nd Title:	Name and Title:_	15 SEP 28 PM 2: 26
Addres		Address:	
RTICI F VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptable)	of the registered agen	t is:
lame:	MARICKA LAZAREVIC		
Address:	931 VILLAGE BLVD. STE.#905-501		•
	WEST PALM BEACH FL 33409		
RTICLE VII	INCORPORATOR		
he <u>name and a</u>	address of the Incorporator is:		
Name:	MARICKA LAZAREVIC		
Address:	931 VILLAGE BLVD. STE.#905-501	<u> </u>	
	WEST PALM BEACH FL 33409		
			
	EFFECTIVE DATE: 09/24/2015		
	f other than the date of filing: 09/24/2013 date is listed, the date must be specific and can filling.)	OPT	TONAL) e business days prior or 90 business
	te inserted in this block does not meet the applicable effective date on the Department of State's records		irements, this date will not be listed as
aving been na is certificate. I	med as registered agent to accept service of proce I am familiar with and accept the appointment as r	ess for the above state	d corporation at the place designated i
· g · · · · · · · y ·	· 0 · 0	-g	09/24/2015
	Required Signature/Registered Agent		Date
submit this do	cument and affirm that the facts stated herein ar	e true. I am aware ti	hat the false information submitted in
ocument to the	Department of State constitutes a third degree felo	ony as provided for in	s.817.155, F.S.
	Al hypereure		09/24/2015
Requ	uired Signature/Incorporator		Date