

03/22/2016 12:40 PM

845-618-7100

1 / 4

3/2/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000054602 3)))



H160000546023ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : Vcorp SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

Email Address: alonreisser@hotmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
STARCOM SYSTEMS AMERICAS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

Starcom Systems Americas, LLC

March 2, 2016

Division of Corporations
Florida Department of State

Dear Madam or Sir,


Re: Consent and permission to immediately assume and use the name of Starcom Systems Americas, LLC (the "Company")

The Articles of Dissolution of the Company was filed with the state on March 1, 2016.

We hereby give permission to Starcom Systems Americas, Inc. (the "Corporation") to immediately assume and use the name 'Starcom Systems Americas', and confirm that the Company will not revoke its dissolution.

The Corporation is incorporated to conduct the exact same business for which the Company was formed.

Very truly yours,



Gary M Goldfarb,
Authorized Representative of Starcom Systems Americas, LLC

03-02-16:02:40PM;

;845-818-3588

3/ 4

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: STARCOM SYSTEMS AMERICAS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
12950 NW 25th Street, Suite 208
Miami, FL 33182

Mailing address, if different is:
12950 NW 25th Street, Suite 208
Miami, FL 33182

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
Promote marketing and sales of tracking systems for vehicles, assets and personnel.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Doron Kedem, President/Director</u>	Name and Title:	_____
Address	<u>20 Vitkin St.</u> <u>Tel-Aviv 6347422, Israel</u>	Address:	_____

Name and Title:	<u>Gary M Goldfarb</u>	Name and Title:	_____
Address	<u>CEO/Secretary/ Treasurer</u> <u>12950 NW 25th Street, Suite 208</u> <u>Miami, FL 33182</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

2016 MAR -2 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, 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: Gary M Goldfarb
Address: 1528 NE Quayside Terrace
Miami, FL 33138

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Julienne Nelson
Address: 25 Robert Pitt Drive, Suite 204
Monsey, NY 10952

ARTICLE VIII EFFECTIVE DATE:

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

[Signature]
Required Signature/Registered Agent

2-26-2016
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.817.133, F.S.

[Signature]
Required Signature/Incorporator

3-2-16
Date