

PI6000019927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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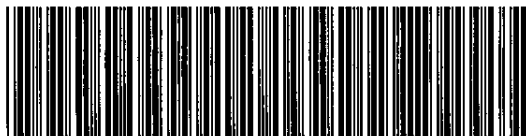
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1116-12523

umd 3/4

## COVER LETTER

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

**SUBJECT:** STAR PLUS 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** SAIPIN NA LAMPUN

Name (Printed or typed)

4999 94TH AVE NORTH

Address

PINELLAS PARK, FL 33782

City, State & Zip

727-614-2307

Daytime Telephone number

SAIPIN.LINDA@GMAIL.COM

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2016

SAIPIN NA LAMPUN  
4999 94TH AVE NORTH  
PINELLAS PARK, FL 33782

SUBJECT: STAR PLUS CO.  
Ref. Number: W16000012523

We have received your document for STAR PLUS CO. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 616A00003489

**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: STAR PLUS CO.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4999 94TH AVE NORTH

PINELLAS PARK, FL 33782

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FOR SEAMSTRESS, ALTERATIONS, CLOTHING REPAIR, DRESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: SAIPIN NA LAMPUN

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

Address 4999 94TH AVE NORTH

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

PINELLAS PARK, FL 33782

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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16 FEB 29 AM 11:49  
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: SAIPIN NA LAMPUN  
Address: 4999 94TH AVE NORTH  
PINELLAS PARK FL 33782

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: SAIPIN NA LAMPUN  
Address: 4999 94TH AVE NORTH  
PINELLAS PARK FL 33782

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/05/2016 (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*

Saipin Na Lampun 02/05/2016  
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.*

Saipin Na Lampun 02/05/2016  
Required Signature/Incorporator Date