

P16000032550

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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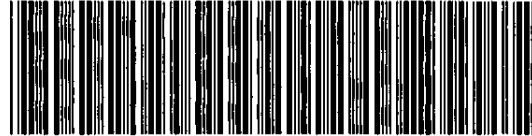
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/07/16--01018--022 **87.50

SECRETARY OF STATE
TALLAHASSEE, FL 32307

16 APR -7 PM 1:58

724
4-13-16

COVER LETTER

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

SUBJECT: 5 Star Interconnect Corp.
(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: Harla Rene' Lapinski
Name (Printed or typed)

13342 Whitmarsh St.
Address

Spring Hill, FL 34609
City, State & Zip

813-501-0111
Daytime Telephone number

mickey@5starinterconnect.com
E-mail address: (to be used for future annual report notification)

RECEIVED
TALLAHASSEE, FL 32314

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

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: 5 Star Interconnect Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13342 Whitmarsh St
Spring Hill, FL 34609

7853 Gunn Hwy #252
Tampa, FL 33626

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: new business to
install low voltage network cabling

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karla B. Lapinski / CEO Name and Title: 100%

Address: 13342 Whitmarsh St Address: _____
Spring Hill, FL _____
34609 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Karla Rene Lapinski, CEO
Address: 13342 Whitmarsh St
Spring Hill FL 34609

ARTICLE VII INCORPORATOR

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

Name: Karla Rene Lapinski, CEO
Address: 13342 Whitmarsh St
Spring Hill FL 34609

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4-1-2016 (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

Karla Rene Lapinski
Required Signature/Registered Agent

3/30/16
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.

Karla Rene Lapinski
Required Signature/Incorporator

3/30/16
Date