

P16000056654

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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300287338603

06/30/16--01019--002 **78.75

COVER LETTER

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

SUBJECT: FearingStar 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: Crystal Thomas
Name (Printed or typed)

14851 State RD 52 Ste 179
Address

Hudson, FL 34669
City, State & Zip

727-505-7683
Daytime Telephone number

Fearingstar@icloud.com
E-mail address: (to be used for future annual report notification)

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: FearingStar Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14851 State Rd 52, Ste 179

Hudson, FL 34669

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All legal business to conduct in the state of Fl

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shalyah Fearing CEO

Name and Title: Crystal Thomas Director

Address 8044 AUGUSTA BLVD

Address: 8044 Augusta blvd

HUDSON, FL 34667

Hudson, FL 34667

Name and Title: Darron Fearing Vice President

Name and Title: Chaamalah Fearing Design Manager

Address 8044 Augusta Blvd

Address: 8044 Augusta Blvd

Hudson, FL 34667

hudson, fl 34667

Name and Title: Chaasad Fearing secretary

Name and Title: Yashiya Fearing President

Address 8044 Augusta blvd

Address: 8044 Augusta blvd

Hudson, fl 34667

hudson, fl 34667

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: Crystal Thomas _____

Address: 8044 Augusta blvd _____

Hudson, fl 34667 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Crystal Thomas _____

Address: 8044 Augusta Blvd _____

Hudson, fl 34667 _____

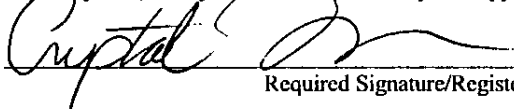
ARTICLE VIII EFFECTIVE DATE:

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.

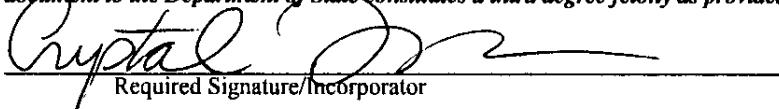
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

06/20/2016
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.817.155, F.S.



Required Signature/Incorporator

06/20/2016
Date