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OCT 31 2016



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 OCT 27 AM 9:03

COVER LETTER

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

NORTHSTAR SOLUTIONS GROUP, INC.

SUBJECT: _____
(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: STEPHEN R. KOANIENKO, ESQ.
Name (Printed or typed)

19 PRINCE STREET SUITE R2
Address

ROCHESTER NY 14607
City, State & Zip

585-353-4060
Daytime Telephone number

lisa33404@yahoo.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: Northstar Solutions Group, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

121 Linda Lane #1
Palm Beach Shores, FL 33404

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose

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TALLAHASSEE, FL 32301

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: USA Castaneda President Name and Title: _____

Address 121 Linda Lane #1 Address: _____

Palm Beach Shores, FL 33404

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: Lisa Castronova

Address: 121 Linda Lane #1

Palm Beach Shores, FL 33404

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ARTICLE VII INCORPORATOR

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

Name: STEPHEN R. KORNIENICO, ESQ.

Address: 19 PRINCE ST. SUITE 22

ROCHESTER NY 14607

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

Lisa Castronova

Required Signature/Registered Agent

10/19/16
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.

[Signature]
Required Signature/Incorporator

10/19/16
Date