PAGE 01/03

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.

(((H17000005703 3)))



H170000057033ABCX

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

Email Address:

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

\*\*Enter the email address for this business entity to be used for future 


## FLORIDA PROFIT/NON PROFIT CORPORATION STAR CONSTRUCTION SERVICES INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

N. SAMS

JAN 9 2017

H170000085703

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:							
STAR CONSTRUCTION SERVICES	INC						
ARTICLE II PRINCIPAL OFFICE:							
The principal street address and mailing address is:							
15306 De 209 Ave							
minni F4 33187							
ARTICLE III SHARES: The number of shares of stock is: /OO	<b></b> .						
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:							
Julia Ruiz MANTINES	<u>.</u>						
(PRESIDENT)							
	m						
ري الناس من وريد د ي الناس	-¥ ∵ -ω						
	_						
The name and Florida street address (PO Box not acceptable) of the registered agent is:							
JULIO RUIZ MARTINEZ	_						
15305 5W 209 AVE	-						
MIAMI FL 33/87	_						
ARTICLE VI INCORPORATOR: The name and address of the Incorporato	r is:						
JULIO RUIZ MARTINEZ	_						
15305 SW 209 AVE							
MIAMI FL 33187	<del></del>						

H17000005703

## Required Signatures:

Having been named as registered agent to accept a corporation at the place designated in this certific appointment as/registered agent and a	ate, I am familiar with and accept th
Registered Agent	Date
submit this document and affirm that the facts sta he false information submitted in a document to the hird degree felony as provided for in s.817.155, F.S.	e Department of State constitutes a
and degree leiony as provided for in \$.817.155, F.S.	•
hebrporator	Date