

P170000279909577

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.

(((H17000027990 3)))



H170000279903ABC2

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
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ALL STAR SOCIAL SERVICES, INC**

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

FILED
17 JAN 30 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 30 2017

K. Brumbley

H17000027990

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:ALL STAR SOCIAL SERVICES, INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

14968 SW 60 ST
MIAMI FL 33193**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**KATYA TEMPRANO (P)SECRETARY OF STATE
TREASURY
FLORIDA

17 JAN 30 AM 9:12

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

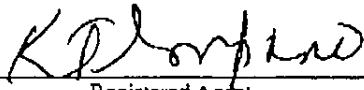
KATYA TEMPRANO
14968 SW 60 ST
MIAMI FL 33193**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:KATYA TEMPRANO
14968 SW 60 ST
MIAMI FL 33193

H17000027990

H17000027990

Required Signatures:

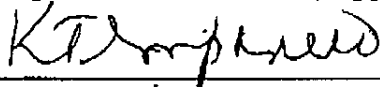
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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.



Incorporator

Date

H17000027990