

P17000031131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

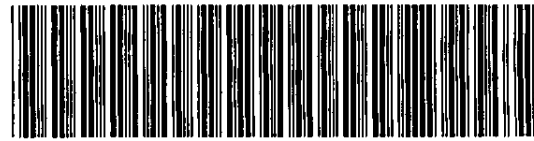
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/03/17--01042--006 **87.50

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17 APR -3 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: BRIGHT STAR CONSULTING SERVICES CORPORATION
(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: ANALUISA CLARK

Name (Printed or typed)

522 SW DEER RUN

Address

PORT ST LUCIE, FL 34953

City, State & Zip

301-643-7909

Daytime Telephone number

dr.analuisaclarkrobles@gmail.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 BRIGHT STAR CONSULTING SERVICES CORPORATION

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

ANALUISA CLARK _____

522 SW DEER RUN _____

PORT ST LUCIE, FL 34953 _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide consulting services as a Registered Nurse- Case Manager

in the Worker's Compensation area, disability management and training of Registered Nurses as Case Managers in Worker's

Compensation. To serve as a liaison between insured workers and providers in aiding their rehabilitation and return to work

to a safe and proactive environment.

ARTICLE IV SHARES

The number of shares of stock is: 100 _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANALUISA CLARK _____

Name and Title: _____

Address: CEO-PRESIDENT _____

Address: _____

522 SW DEER RUN _____

PORT ST LUCIE, FL 34953 _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
17 APR -3 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: AnaLuisa Clark
Address: 522 SW DEER RUN
PORT ST LUCIE, FL 34953

ARTICLE VII INCORPORATOR

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

Name: AnaLuisa Clark
Address: 522 SW DEER RUN
PORT ST LUCIE, FL 34953

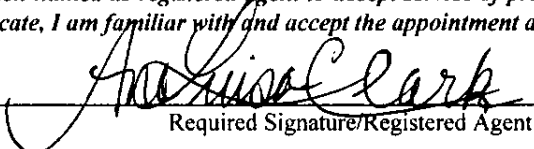
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

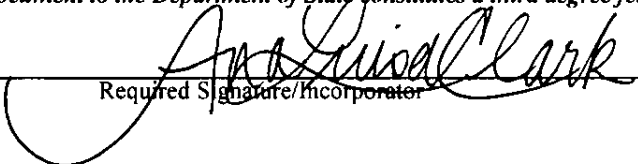


Required Signature/Registered Agent

3/28/2017

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

3/28/2017

Date