

**Electronic Articles of Incorporation
For**

P18000004798
FILED
January 12, 2018
Sec. Of State
mtmoon

STARLIGHT STOP INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

STARLIGHT STOP INC

Article II

The principal place of business address:

5002 NORMANDY BLVD
JACKSONVILLE, FL. 32205

The mailing address of the corporation is:

5002 NORMANDY BLVD
JACKSONVILLE, FL. 32205

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

100

Article V

The name and Florida street address of the registered agent is:

BRETT ISAAC
2151 UNIVERSITY BLVD
JACKSONVILLE, FL. 32216

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: BRETT ISAAC

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Article VI

The name and address of the incorporator is:

IMAD WANES
5002 NORMANDY BLVD

JACKSONVILLE FL 32205

Electronic Signature of Incorporator: IMAD WANES

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
IMAD WANES
5002 NORMANDY BLVD
JACKSONVILLE, FL. 32205

Article VIII

The effective date for this corporation shall be:

01/05/2018

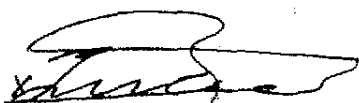
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RE: P16000095075

Affadavit

January 17, 2018

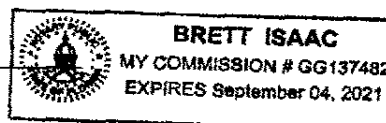
This letter is written to verify that I, Imad Wanes, the president of Starlight Stop Inc. has no intention of reinstating and releasing the name to be used for another entitiy.


imad wanes

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this 17 day of JAN, 2018, by
(name of person acknowledging).

Personally Known ☒ OR Produced Identification
Type of Identification Produced _____





Fdx

1-850-245-6804