P18000001896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☒ MAIL

(Business Entity Name)

(Document Number)

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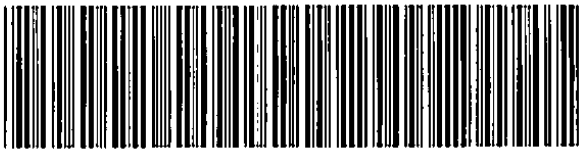

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18 MAR -5 AM 8:34

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE

18 MAR -5 PM 12:16

COVER LETTER

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

SUBJECT: Brighter Star, Inc.
(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: Schiller Cetoute
Name (Printed or typed)

9628 NE 2nd Avenue, Suite A4
Address

Miami Shores, Florida 33138
City, State & Zip

786-326-4078
Daytime Telephone number

Schiller.Fr32@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FLORIDA

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: Brighter Star, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
9628 NE 2nd Ave Suite A4	
Miami Shores, Florida 33138	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To provide homemaker and companion services to disable and/or elderly patients in Florida.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Esther Edouard, President	Name and Title: Schiller Cetoute, Vice President
Address: 9628 NE 2nd Avenue	Address: 9628 NE 2nd Avenue
Suite A4	Suite A4
Miami Shores, Florida 33138	Miami Shores, Florida 33138
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: Schiller Cetoute

Address: 9628 NE 2nd Ave, Suite A4

Miami Shores, Florida 33138

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Schiller Cetoute

Address: 9628 NE 2nd Ave, Suite A4

Miami Shores, Florida 33138

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.

_____ 2/22/18

Required Signature/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.

_____ 2/22/18

Required Signature/Incorporator Date