

1/30/2020

P200 0000 8663

Division of Corporations
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.

((H20000034678 3)))



H200000346783ABC/

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000200146
Phone : (305)444-4994
Fax Number : (305)444-4977

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 LUXURY LIFESTYLE CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

20 JAN 31 PM 1:42

FILED

2020 JAN 31 PM 4:35

RECEIVED

FLORIDA
CORPORATION
SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: ALL-STAR LUXURY LIFESTYLE CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

234 NE 199 LNNORTH MIAMI BEACH, FL 33179**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.**ARTICLE IV SHARES**The number of shares of stock is: 200 SHARES US \$ 1.00 EACH ONE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Thalia Dayanne Velasquez Muro (P)

Name and Title: _____

Address 234 NE 199 LN

Address: _____

NORTH MIAMI BEACH, FL 33179

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

20 JAN 31 PM 1:42
ALL-STAR LUXURY LIFESTYLE CORP
NORTH MIAMI BEACH, FL 33179

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Thalia Dayanne Velasquez Muro

Address: 234 NE 199 LN

NORTH MIAMI BEACH, FL 33179

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Thalia Dayanne Velasquez Muro

Address: 234 NE 199 LN

NORTH MIAMI BEACH, FL 33179

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

Thalia Dayanne Velasquez Muro

Required Signature/Registered Agent

1/30/2020

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.

Thalia Dayanne Velasquez Muro

Required Signature/Incorporator

1/30/2020

Date