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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : KML MULTISERVICES CORP
Account Number : 120200000044
Phone : (786)537-3766
Fax Number : (305)503-7123

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

Email Address: Kmlmultiservicescorp@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
STARS SEAFOOD DISTRIBUTORS CORP

Certificate of Status	0
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2020 OCT -7 PM 4:58

2020 OCT -7 AM 10:21

COVER LETTER

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

FILED
2020 OCT -7 PM 4:58
Tallahassee, FL

SUBJECT: STARS SEAFOOD DISTRIBUTORS CORP
(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: ROSELYN ESCALANTE FERRER
Name (Printed or typed)

8840 NW 111TH AVE APT 1904
Address

DORAL FL 33178
City, State & Zip

3055706929
Daytime Telephone number

roselynescalante1234@gmail.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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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: STARS SEAFOOD DISTRIBUTORS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
8840 NW 111TH AVE APT 1904

DORAL FL 33178

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GENERAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROSELYN ESCALANTE FERRER

Name and Title: PRESIDENT

Address 8840 NW 111TH AVE APT 1904

Address:

DORAL FL 33178

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: KML MULTISERVICES CORP
 Address: 4167 NW 135TH ST
OPA LOCKA FL 33054

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ROSELYN ESCALANTE FERRER
 Address: 8840 NW 111TH AVE APT 1904
DORAL FL 33178

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 10/02/2020 (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

 Date 10/02/2020

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

 Date 10/02/2020

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