

H210000129323

**P2100001973**  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : DAVID C. HASTINGS, CPA, PA  
Account Number : T20000030168  
Phone : (727) 322-0909  
Fax Number : (727) 610-8595

2021 JAN 11 PM 3:49  
STATE  
CORPORATION

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

Email Address: THESTARLIGHTTEAMREALESTATE@GMAIL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION  
LUZ E COLON, PA**

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

2021 JAN 11 PM 2:49

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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: Luz E. Colon, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1006 WESTERN AVE

SAME

BRANDON FL 33510

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO OPERATE AS A REAL ESTATE AGENT IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luz Colon, Pst Name and Title: \_\_\_\_\_

Address: 1006 WESTERN AVE Address: \_\_\_\_\_  
BRANDON FL 33510

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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STATE

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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: DAVID C HASTINGS CPA  
 Address: 2207 54TH ST S  
GULFPORT, FL 33707

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAVID C HASTINGS  
 Address: 2207 54TH ST S  
GULFPORT, FL 33707

**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

[Signature]  
 Required Signature/Registered Agent

1/11/21  
 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.

[Signature]  
 Required Signature/Incorporator

1/11/21  
 Date

2021 JAN 11 11:33:49 AM  
 STATE OF FL