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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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 STAR MULTISERVICES AND DELIVERY CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

ARTICLE II PRINCIPAL OFFICE	-
The principal street address and mailing addr	
1458 SW 129 THCT WIAMI FL 3	3184
LE III SHARES: The number of shares of stock is:	100
ARTICLE IV INITIAL DIRECTORS AND/OF	OFFICERS:
Alioska Toledo Del Rio	(P)
	<i>y-</i>
	
ICLE V INITIAL REGISTERED AGENT AND S	TREET ADDRES
me and Florida street address (PO Box not acceptable) o	f the registered age
flioska Toledo Del Ric	<u> </u>
1458 DW 129+h C+ M)	ami F1 3
CLE VI INCORPORATOR: The name and address	s of the Incorporate
lioska Toledo Del Rio	

Required Signatures:

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

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.