

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

From: Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
 Account Number : I20070000019
 Phone : (518)689-1212
 Fax Number : (518)432-0742

SECRETARY OF STATE
TALAHASSEE, FLORIDA

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****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
THE SPECTRUM OF STARDUST INC**

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

S. CHATHAM

MAR 16 2022

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

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ARTICLE I NAME

The name of the corporation shall be: THE SPECTRUM OF STARDUST INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1577 E 17TH STREET, #2D
BROOKLYN, NY 11230

1577 E 17TH STREET, #2D
BROOKLYN, NY 11230

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSULTING

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SONEY BURLAN Name and Title: _____

Address PRESIDENT Address: _____
1577 E 17TH STREET, #2D
BROOKLYN, NY 11230

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: VLADLENA FUNK C/O ASTRA MANAGEMENT INC.
 Address: 777 BRICKELL AVE # 500-9841
MIAMI, FL 33131

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 TALAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: SONEY BURLAN
 Address: 1577 E 17TH STREET, #2D
BROOKLYN, NY 11230

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

/s/ VLADLENA FUNK 03/15/2022
 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.

/s/ SONEY BURLAN 03/15/2022
 Required Signature/Incorporator Date