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Florida Department of State
Division of Corporations
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((H22000210498 3)))



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

From:
Account Name : JABBASH LLC
Account Number : I20220000113
Phone : (407)434-0012
Fax Number : (321)577-1025

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

Email Address: BlessedTeaminfo@protonmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
BIF STAR, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

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D. O'KEEFE

JUN 20 2022

COVER LETTER

(((H22000210498'3)))

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

SUBJECT: BIF STAR, INC.**(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: Lesbia Segura**

Name (Printed or typed)

3321 S ORANGE BLOSSOM TRAIL #206

Address

Kissimmee, FL 34746

City, State & Zip

407-434-0012

Daytime Telephone number

BlessedTeaminfo@protonmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

(((H22000210498 3)))

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: **BIF STAR, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
4763 RIO COURT #256

Mailing address, if different is:

Kissimmee, FL 34746

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: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **IDALMA PINEDA SALAZAR, P**

Name and Title: _____

Address **4763 RIO COURT #256**

Address: _____

Kissimmee, FL 34746

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

FILED

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: Lesbia Segura
Address: 3321 S ORANGE BLOSSOM TRAIL #206
Kissimmee, FL 34746

ARTICLE VII INCORPORATOR

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

Name: Lesbia Segura
Address: 3321 S ORANGE BLOSSOM TRAIL #206
Kissimmee, FL 34746

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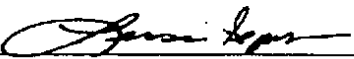
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 11, 2022. (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

June 11, 2022
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 §817.155, F.S.


Required Signature/Incorporator

June 11, 2022
Date