

P23000055345

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
FIVE STAR UTILITY, CORP**

Certificate of Status	0
Certified Copy	1
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FALL 2023

RECEIVED
2023 JUL 26 PM 4:01CORPORATIONS
DIVISION

NA

300

ARTICLES OF INCORPORATION

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

ARTICLE I NAME FIVE STAR UTILITY, CORP

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICEPrincipal street address

1508 CEDAR LAKE DR. _____

ORLANDO, FL 32824 _____

Mailing address, if different is:

1508 CEDAR LAKE DR. _____

ORLANDO, FL 32824 _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS _____

_____**ARTICLE IV SHARES** 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P: JORGE O. GONZALEZ LIMA _____

Address _____

1508 CEDAR LAKE DR. _____

ORLANDO, FL 32824 _____

Name and Title: VP: JENIFER K. ROSALES RUIZ _____

Address: _____

1508 CEDAR LAKE DR. _____

ORLANDO, FL 32824 _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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: JORGE O. GONZALEZ LIMA
Address: 1508 CEDAR LAKE DR.
ORLANDO, FL 32824

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JORGE O. GONZALEZ LIMA
Address: 1508 CEDAR LAKE DR.
ORLANDO, FL 32824


ARTICLE VIII EFFECTIVE DATE: 07/21/2023

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.)

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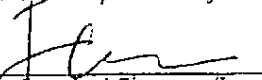
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X  _____
Required Signature/Registered Agent

07/21/2023

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.

X  _____
Required Signature/Incorporator

07/21/2023

Date

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TALLAHASSEE, FLORIDA