P23000085649

(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
· -		·
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	-

Office Use Only



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RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

elstar Cost Rec	duction Service	s, Inc.	—
			
lease Debit FC.	A000000003 For	<u>: 70</u>	
hank you Seth	Neeley		
1:00			Art of Inc. File
_ 			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
,			Officer Search
A			Fictitious Search
ignature	7		Fictitious Owner Search
			Vehicle Search
		-	Driving Record
lequested by:			UCC 1 or 3 File
 Name	Date	Time	UCC 11 Search
			UCC 11 Retrieval
Valk-In	Will Pick	Up	Courier

COVER LETTER

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

SUBJECT: Telsta	r Cost Reduction Services, Inc (PROPOSED CORPORA	:. XTE NAME – <u>MUST INCL</u>	ÜDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certified Copy
		ADDITIONAL CO	& Certificate o Status PPY REQUIRED
		<u> </u>	-
uno. e Pe	omy R. Jurado, Pegistered Agr	ant	
FROM: <u>155</u>	omy B. Jurado, Registered Age Name	e (Printed or typed)	
10	800 Biscayne Blvd, STE 850		
		Address	
<u>Mi</u>	ami, FL 33161		
	City.	State & Zip	
30	5-921-0976	· · · · · · · · · · · · · · · · · · ·	
	Daytime 1	elephone number	
ron	nv@iuradolawfirm.com		

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

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

NAME RELEASE AFFIDAVIT

STATEOFFLORIDA	,
COUNTY OF MIAMI-DADE	,

BEFORE ME, the undersigned authority, personally appeared MICHAEL BROSNAN, Vice President for TELSTAR COST REDUCTION SERVICES, INC., a Florida Corporation ("Company"), Document No.: P22000093188 which has its principal address at 1504 Bay Rd., Unit C1912, who being by me first duly sworn, on oath, depose and says:

- 1. That Affiant, Michael Brosnan in his capacity as Vice-President of the Company is authorized to make this Affidavit for and on behalf of himself and the Company.
- 2. That this Affidavit is given to induce the Secretary of the State of Florida to release the corporate name of "Telstar Cost Reduction Services, Inc.".
- 3. The Company avers that it releases its corporate name as Telstar Cost Reduction Services, Inc., Document No.: P22000093188 is dissolved as of December 11, 2023.

FURTHER AFFIANT SAYETH NAUGHT.

In witness, this instrument has been duly executed as of the 134 day of December 2023.

AFFIANT

Michael Brosnan as Vice President for Telstar/Cost Reduction Services, Inc.

By: Wichael Brosnan, Vice President

STATE OF FLORIDA COUNTY OF MIAMI-DADE

JOU.	NTY OF MIAMI-DADE			
as	The foregoing instrument was acknowledged resence or [] online notarization this 131h day yield President for Telstar Cost Reduction Services has produced [] Only Prover Holon Signature of Notary	of December,	2023 by Michael Brosi	
	Printed Name of Notary		GABRIELA GARCIA Commission # HH 445045 Expires September 18, 2027	

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

name of the corpo	ration shall be: Telstar Cost Reduction		
TICLE II PRI	NCIPAL OFFICE Principal street address 1912		Mailing address, if different is:
ami Beach, FL 3	3139		
TICLE III PUR e purpose for whic	POSE h the corporation is organized is: Any an	d all lawful busin	ess.
	-		
RTICLE IV SILA e number of shares RTICLE V INIT	ARES of stock is: 200 TAL OFFICERS AND/OR DIRECTORS		
RTICLE V INIT		Name and Title	_{e.} Michael Brosnan, VP
RTICLE V INIT	TAL OFFICERS AND/OR DIRECTORS	Name and Title	_{e.} Michael Brosnan, VP 1504 Bay Rd, Unit C1912
Name and T	TAL OFFICERS AND/OR DIRECTORS itle: John Messina, President		
Name and T Address	TAL OFFICERS AND/OR DIRECTORS ide: John Messina, President PO BOX 5177 New York, NY	Address:	1504 Bay Rd, Unit C1912 Miami Beach, FL 33139
Name and T Address	TAL OFFICERS AND/OR DIRECTORS itle: John Messina, President PO BOX 5177	Address: Name and Title	1504 Bay Rd, Unit C1912 Miami Beach, FL 33139
Name and T Address Name and Tit	TAL OFFICERS AND/OR DIRECTORS itle: John Messina, President PO BOX 5177 New York, NY	Address: Name and Title Address:	1504 Bay Rd, Unit C1912 Miami Beach, FL 33139
Name and T Address Name and Tit Address	TAL OFFICERS AND/OR DIRECTORS ide: John Messina, President PO BOX 5177 New York, NY	Address: Name and Title Address:	1504 Bay Rd, Unit C1912 Miami Beach, FL 33139
Name and T Address Name and Tit Address	TAL OFFICERS AND/OR DIRECTORS ide: John Messina, President PO BOX 5177 New York, NY	Address: Name and Title Address:	1504 Bay Rd, Unit C1912 Miami Beach, FL 33139
Name and T Address Name and Tit Address	TAL OFFICERS AND/OR DIRECTORS ide: John Messina, President PO BOX 5177 New York, NY	Address: Name and Title Address: Name and Title	1504 Bay Rd, Unit C1912 Miami Beach, FL 33139

Name a	ind Title:	Name and Title:	
Addre	ss	Address:	
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	Romy B. Jurado	C	
Address:	10800 Biscayne Blvd, STE 850	_	
	Miami, FL 33161	_	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The <u>name and a</u>	address of the Incorporator is:		
Name:	Romy B. Jurado	_	
Address:	10800 Biscayne Blvd, STE 850	_	
	Miami, FL 33161		
Effective date, i	EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific and cannot	(OPTIONAL) ot be more than five days prid	or or 90 days after the
	te inserted in this block does not meet the applicable effective date on the Department of State's records.		this date will not be listed as
Having been na certificate, I am	med as registered agent to accept service of process j familiar with and accept the appointment as registe	for the above stated corporation red agent and agree to act in th	at the place designated in this is capacity
1/20			12/13/2023
,	Required Signature/Registered Agent		Date
I submit this do document to the	ocument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true, I am aware that the fals y as provided for in s.817.155,	e information submitted in a F.S.
The	4.		12/13/2023
Required Signal	ture/Inco-porator	Date	

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2025

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