

P24000040072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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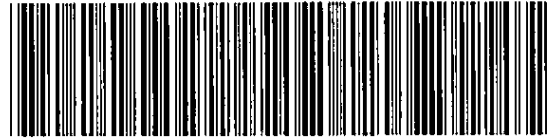
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/23/2014 09:09:09

2014 APR 23 09:09

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Dariusz Nawrocki President/Owner
(Name) (Title)

STAR SERVICES INC
of _____, a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is STAR SERVICES INC
(Foreign Corporation)

2. The jurisdiction and date of its formation is INDIANA-07/12/2022

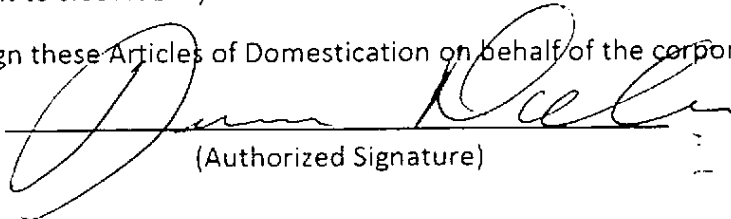
3. The name of the domesticated corporation is STAR SERVICES 2 INC

4. The jurisdiction of formation of the domesticated corporation is **Florida**

5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.

6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.


(Authorized Signature)

2024 Aug 23 9:09

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

STAR SERVICES 2 INC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address
16276 Mellon Road

Mailing Address
16276 Mellon Road

Weeki Wachee, FL 34614

Weeki Wachee, FL 34614

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

TRUCKING, DIESEL MECHANIC

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: _____

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

DARIUSZ NAWROCKI

16276 MELLON RD

WEEKI WACHEE FL 34614

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

DARIUSZ NAWROCKI

Signature/Registered Agent

5/25/2024
Date

2024
3:09

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

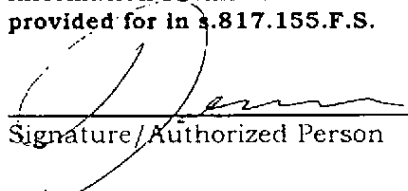
Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

I submit this document and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §.817.155.F.S.


Signature/Authorized Person

5-25-2024
Date