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Department of State Division of Corporation P. O. Box 6327 Tallahassee, FL 32314	· •		125
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FROM:	Name <u>8061</u> <u>Minm</u> Ci (305)	(printed or typed) <u>Sw</u> 139 TERR Address	96 HIR 18 PH 1: 20 TALLANASSEE, FLORIDA
		MAR 2 1 19	SB

NOTE: Please provide the original and <u>one copy</u> of the articles.

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# **ARTICLES OF INCORPORATION**

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NAME

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I The name of the corporation shall be:

Starline Connections, Inc.



ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shell be:

8061 SW 139 TERR. MIAMI FL 33158

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100,000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

#### ARTICLE V INCORPORATOR(S) See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LEE HANAN 8061 SW 139 TEKR MIAMI FL 33158

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13th day of March , 19 96.

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(An additional article must be added if an effective date is requested.)

<u>ES</u> Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERFD OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	Starline Connections, Inc.	
		·	THE STREET
2.	The name and address of the regi	stered agent and office is:	18 PH
	LEE	<u>[]]]]]]]]]]</u>	- 514TE
	8061 (P.O. B	ox or Mail Drop Box NOT ACCEPTABLE)	Ŷ
	MIRDI	FL 33158 (CITY/STATE/ZIP)	

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

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(SIGNATURE) (DATE)

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DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314