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

SUBJECT:	CHEERS	\$	STARS	0F	AMERICA	INC.	;	. 4 .		
	(Proposed corporate name - must include suffix)									

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70,00 Filing Fee

\$78.75 Filing Fee & Certificate

\$122.50 Filing Fee & Certified Copy **⊠.**\$131.25 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

MICHELE L. LONGERBEAM
Name (Printed or typed)

954 - 431 - 9585 Daytime Telephone number

ARTICLES OF INCORPORATION

The 1	ndersig	ned incorp	porator, fa	r the j	purpos	e of form	ing a corp	oration	under the	Florida
Busir	ess Cor	poration 2	Act, hereb	y adoj	ots the	following	Articles o	f Incor	poration.	

The name of the corporation shall be:

CHEERS + STARS OF AMERICA.

<u>ARTICLE II PRINCIPAL OFFICE</u>

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

11631 SW 10 ST.

PEMBROKA PINES, FZ. 33025

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

Three (3)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MICHELE L. LONGIR BARM
11631 SW 10 ST., PEMBROKE PIND, FZ. 33025

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Monica R. Domphowshi 11631 SW 10 ST. PEMBroke Pines, Fr. 33025

Signature/Incorporator

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

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 obliggtions of my position as registered agent

Signature/Registered Agent