

TRANSMITTAL LETTER

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

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-07/30/97--01111--011
****122.50 ****122.50

SUBJECT: ALLSTAR MESSENGER, INC.
(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

FROM: NORLAN FERNANDEZ
Name (Printed or typed)
18000 N.W. 68TH AVE. APT. 217
Address
MIAMI FL 33015
City, State & Zip
(305) 821-3973
Daytime Telephone number

SECRET
TALLAHASSEE, FLORIDA

97 JUL 25 PM 3:22

FILED

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

Handwritten signature and date: 7/28/97

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

ALLSTAR MESSENGER, INC.

ARTICLE II PRINCIPAL OFFICE

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

18000 N.W. 68TH AVE. APT. 217 MIAMI FL 33015

ARTICLE III SHARES

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

100 SHARES @ \$1 PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

NORLAN FERNANDEZ -18000 NW 68TH AVE. APT. 217 MIAMI FL 33015

ARTICLE V INCORPORATOR

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

NORLAN FERNANDEZ -- 18000 NW 68TH AVE. APT. 217 MIAMI FL 33015



Signature/Incorporator

7/25/97

Date

(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 obligations of my position as registered agent



Signature/Registered Agent

7/25/97

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA