## P99000014102

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

SUBJECT:

NORTHSTAR

400002773014--8 -02/11/99--01060--010 \*\*\*\*\*\*78.75 \*\*\*\*\*78.75

\$ 320 Origin \$ \$70.00 iling Fee	al and one(1) copy of the articl \$78.75 Filing Fee	es of incorporation and a \$78.75 Filing Fee	<b>□</b> \$87.50
	& Certificate of Status	& Certified Copy  ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED
FROM		SAIED rinted or typed)	
	17327 N	N 61 CT.	
	MIAMI, F	L 33015	SECRETA
	•	2895	I SSE

(Proposed corporate name - must include suffix)

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

Daytime Telephone number

## ARTICLES OF INCORPORATION

-The undersigned incorporator, for the purpose of forming a corporation under the Florid Business Corporation Act, hereby adopts the following Articles of Incorporation.	da
ARTICLE I NAME	FILED
The name of the corporation shall be:	99 FEB 11 PM 12: 43
NORTHSTAR INNOVATIONS, INC.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be: 17327 NW 61 CT.	——————————————————————————————————————
MIAM1, FL 33015	<del></del>
ARTICLE III SHARES	<del></del>
The number of shares of stock that this corporation is authorized to have outstand	ing at any one time is:
100	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET A	DDRESS:
The name and Florida street address of the initial registered agent are:	
FATIMA SAIED	
17327 NW 61 CT.	
ARTICLE V INCORPORATOR 33015	<del></del> -
The name and address of the incorporator to these Articles of Incorporation are:	
MUSTAFA SAIED	_
17327 NW 61 CT.	÷ <del>5</del> <u></u>
MIAMI, FL 33015	<u> </u>
W. #550 21	9/99-
Signature/Incorporator	Date
	ez en
(An additional article must be added if an effective date is r	requested.)_
Having been named as registered agent and to accept service of process for the above stated of this certificate, I hereby accept the appointment as registered agent and agree to act in this cap	acity. I further agree to comply with
the provisions of all statutes relating to the proper and complete performance of my duties, an obligations of my position as registered agent	me z ane janutym went and accept the
Letino Said	2/9/99
Signature/Registered Agent	Date