P99000079948

Requestor's Name

FLORIDA STAR INSURANCE AGENCY, INC.
2802 NE. 2ND AVE.
MIAMI, FL 33137

700002977047--9
-09/02/99--01062--002
*****70.00 *****70.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ _____
(Corporation Name) (Document #)

2. _____ _____
(Corporation Name) (Document #)

3. _____ _____
(Corporation Name) (Document #)

4. _____ _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
99 SEP -2 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials	gjc 9/9

CR2E031(1/95)

FILED
99 SEP -2 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

INCORPORATION ORDER FORM

Corporate Name: (Must include Corp., Inc., Co., etc.) If name is over 55 characters & spaces, additional charges. See below.

Preferred: MY LAUNDRY, Inc.

Alternate: _____

Mailing Address of Corporation: (No P.O. Boxes)

2804 NE 2 Ave. Miami Florida 33137
(Address) (City) (State) (Zip)

State in which you are incorporating: Florida

Registered Agent-Name & Address: (No P.O. Boxes)

Estrella LLerena

2802 NE 2 Ave.

Miami, Fl. 33137

Incorporator-Name & Address: (One Required)

Estrella LLerena

2802 N.E. 2 Ave.

Miami, Fl. 33137

E Llerena

Signature of Registered Agent

E Llerena

Signature of Incorporator

Type of Corporation: ☒ PROFIT ☐ NON-PROFIT ☐ PROFESSIONAL ASSOCIATION
☐ LIMITED LIABILITY ☐ LIMITED PARTNERSHIP (NOT ELECTRONICALLY TRANSMITTED)

Authorized Stock: Shares 100 Par Value (optional) 1.00

Director(s) Name(s) & Address(es): **Non-Profit** requires **3; Regular Profit** Director not required.
Unless otherwise stated, first listed will be President; second - Vice President; third - Secretary/Treasurer; fourth - Director

Name	Address	City	State	Zip
Estrella LLerena	2802 NE 2 Ave.	Miami, Fl.		33137

Must fill in the following for Non-Profit or P.A.:

Corporate Purpose: _____