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TRANSMITTAL LETTER

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

400002990464--2 -09/20/99--01020--008 \*\*\*\*\*87.50 \*\*\*\*\*87.50 رىو

SUBJECT:

STAR TRAINERS, CORP.

(Proposed corporate names - must include suffix)

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

**570.00** 

/J \$78.75

M\$87.50

Filling Fee

Filling Fee

Filling Fee

& Certificate

Certified Copy & certificate

FROM:

**MONICA MOROS** 

Name (printed or typed)

1901 Brickell Avenue Suite # B 405

Address

Miami, Fl. 33129

City, State & Zip

(305) 856-7927 Home / (305) 609-6756 Cell.

Daytime Telephone number

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

F. Chassan SEP 2 3 1999

# 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:

STAR TRAINERS, CORP.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1901 Brickell Ave. Suite # B405 Miami, F1.33129

#### ARTICLE III **SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time One thousand (1,000) shares at one (\$1.00) dollar value

## INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MONICA MOROS

1901 Brickell Ave. Suite # B405

Miami, Fl. 33129

# INCORPORATOR

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

YURI E. MOROS

1901 Brickell Ave. Suite # B405

Miami, Fl. 33129

Signature/Incorporator

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

Having been named as registered agent and to accept services of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as the 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.

marical Signature/Registered Agent