## POST TRANSMITTAL LETTER POST OF State TRANSMITTAL LETTER Department of State

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

800003057488==5	E.
-12/01/9901044010	
*****87.50 *****87.50	wi.

SUBJECT:	Three	Stars	Inc.			
		(Proposed corporate name - must include suffix)				

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

- \$70.00
- \$78.75
- Filing Fee
- Filing Fee
- & Certificate of Status
- □ \$78.75
- \$87.50
- Filing Fee
- Filing Fee,
- & Certified Copy
- Certified Copy
- & Certificate of
- Status

ADDITIONAL COPY REQUIRED

FROM: Maureen Chrson
Name (Printed or typed)

3981 SW 32nd Ave

Hollywood FL 33023
City, State & Zip

954-894-9092 Daytime Telephone number

ž

99 DEC 13 AM 8: 20
SECKLIARY OF STATE
ALLAHASSEE, FLORIDA

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



December 6, 1999

1. A. 1. A. 1.

MAUREEN CARSON 3981 SW 32ND AVE HOLLYWOOD, FL 33023

SUBJECT: THREE STARS INC. Ref. Number: W99000027722

We have received your document for THREE STARS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6924.

Kimberly Rolfe Corporate Specialist Supervisor

Letter Number: 099A00057253

- Secretary of Commission and the Florida 99 a	.ED
The undersigned incorporator, for the purpose of forming a corporation under the Florida	· & ^
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:	
The second of th	40
ARTICLE I NAME	رح,0
The name of the corporation shall be:  Three Stars North INC. To	PATE -
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be:	*
•	
3981 SW 32 Avenue	
Mail of To To To	
Hollywood FL 33023	
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	
10	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address of the initial registered agent are: Maureen CArson	***
3981 5W 32 AUR	* * 2*
Hollywood FL 33023	
ARTICLE V INCORPORATOR	
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	
	-
MAUreen CArson	•
3981 SW 32 AVE	
101300321000	
A Hollywood, FL 33023	1171
(VV) - 11, 20, 90	
1 aucen Jusan 11-27-17	
Signature/Incorporator Date	

ARTICLES OF INCORPORATION

(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

Maurien Current 11-29-99
Signature/Registered Agent Date