

Florida Department of State

Division of Corporations

Corporation Filing Cover Sheet

P25000003004

1-B-23

Note: Please print the business name and state of incorporation. Type the account number (shown below) on the bottom of all pages of the document.

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H250000167803ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION STAR SKY PLANTS CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

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STATE OF FLORIDA

STATE

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01/14/2014

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:STAR SKY PLANTS CORP.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

16782 SW 88THMIAMI FL 33196**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**FELICIA DIAZ MARTIN - PDANIELA DE LA GARIDAROLIGAN CARDOSO(SEC)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Felicia Diaz Martin14300 SW 194TH AVEMIAMI FL 33196**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Felicia Diaz Martin14300 SW 194TH AVEMIAMI FL 33196

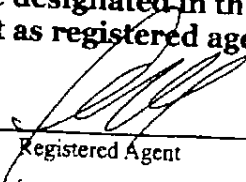
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01/14/2014

EIN: 33-2832769

Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

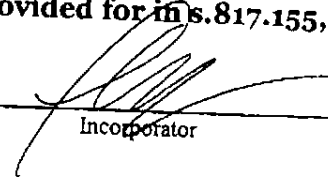


Registered Agent

1-10-25

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Incorporator

1-10-25

Date

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STATE