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(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filling Officer:					

Office Use Only



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When you need ACCESS to the world

CORPORATE ACCESS, 236 East 6th Avenue. Tallahassee, Florida 32303 INC. P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-2666

WALK IN							
	PICK UP:	1/28/25 GLINDA	-				
	CERTIFIED COPY		2025				
хх	РНОТОСОРУ						
	CUS						
хх	FILING	ARTICLES					
1.	THE STAR ELITE, INC (CORPORATE NAME AND DOCUME)	NT #)	h7				
2.	(CORPORATE NAME AND DOCUME)	NT #)					
3.	(CORPORATE NAME AND DOCUME)	NT #)					
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5.	(CORPORATE NAME AND DOCUME)	NT #)					
6.	(CORPORATE NAME AND DOCUME)	NT #)					
SPECIA	L INSTRUCTIONS:						

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE II PRINCI				
P	rincipal <u>street</u> address		Mailing address, if different is:	
	ROAD UNIT 818			
MIAMI B	IEACH FL 33139		<u></u>	_
TICLE III PURPOS purpose for which the	E corporation is organized is:			
SPORT MAN	AGEMENT AND ADVICE		_	
		 ,,		
				
ICLE IV SHARE	s		·	
number of shares of si	S ock is: 100 OFFICERS AND/OR DIRECTORS	<u></u>		1)
number of shares of st	ock is 100 OFFICERS AND/OR DIRECTORS	Name and Title		Ų
number of shares of st TICLE V INITIAL Name and Trile:	ock is 100 <u>OFFICERS AND/OR DIRECTORS</u> JOSE KAMGA, MGRM		·	<i>y</i>
number of shares of st FICLE V INITIAL Name and Tale:	OCK 8: 100 OFFICERS AND/OR DIRECTORS JOSE KAMGA, MGRM 1500 BAY ROAD UNIT 818	Address:		
number of shares of st TICLE V INITIAL Name and Trile:	ock is 100 <u>OFFICERS AND/OR DIRECTORS</u> JOSE KAMGA, MGRM	Address:		
number of shares of st FICLE V INITIAL Name and 'Enter Address	OCK 8 100 OFFICERS AND/OR DIRECTORS JOSE KAMGA, MGRM 1500 BAY ROAD UNIT 818 MIAMI BEACH FL 33139	Address:		
number of shares of st FICLE V INITIAL Name and Tute: Address Name and Title	OCK 8: 100 OFFICERS AND/OR DIRECTORS JOSE KAMGA, MGRM 1500 BAY ROAD UNIT 818 MIAMI BEACH EL 33139 CAMEL ABELLA, MGRM	Address: Name and Title		
number of shares of st FICLE V INITIAL Name and Title: Address Name and Title Address	OFFICERS AND/OR DIRECTORS JOSE KAMGA, MGRM 1500 BAY ROAD UNIT 818 MIAMI BEACH FL 33139 CAMEL ABELLA, MGRM 1500 BAY ROAD UNIT 818	Address: Name and Title Address:		
number of shares of st FICLE V INITIAL Name and Title: Address Name and Title Address	OCK 8: 100 OFFICERS AND/OR DIRECTORS JOSE KAMGA, MGRM 1500 BAY ROAD UNIT 818 MIAMI BEACH EL 33139 CAMEL ABELLA, MGRM	Address: Name and Title Address:		
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Name and Title: Address Name and Title _ Address	OFFICERS AND/OR DIRECTORS JOSE KAMGA, MGRM 1500 BAY ROAD UNIT 818 MIAMI BEACH FL 33139 CAMEL ABELLA, MGRM 1500 BAY ROAD UNIT 818	Address: Name and Title Address: Name and Title		

ARTICLE VI REGISTERED AGENT The name and Florida street address (PO Box NOT acceptable) of the registered agent is: Name: JOSE KAMGA Address 1500 BAY ROAD UNIT 818 MIAMI.BEACH.FL. 33139 ARTICLE VII INCORPORATOR The name and address of the incorporator is: Name: JOSE KAMGA Address 1500 BAY ROAD UNIT 818 MIAMI.BEACH.FL. 33139 ARTICLE VIII EFFECTIVE DATE: Effective date; if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records 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 familla, with and accept the appointment as registered agent and agree to act in this capacity Required SignatureRegistered Agent 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 constitute a third degree felony as provided for in x 117.155, F.S.	Name and Tille			Name and Title		
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: JOSE KAMGA Address: 1500 BAY ROAD UNIT 818	Address			Address:		
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		Required Signa	ture/Registered Agent		Date	
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Required Signature/Incorporator Date	Required Signature/In	corporator	<u> </u>			