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## TRANSMITTAL LETTER

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

SUBJECT:	Sun Insurance (PROPOSED CORPORA)	e Services In TENAME-MUSTINCLI	OC. UDE SUFFIX)	<b>-</b>
	inal and one (1) copy of the arti			
Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status	
FROM:	James 1 Name	3vanat (Printed or typed) Apple Tree Ci	rcle	a e tar e e e e e e e e e e e e e e e e e e e
-	Ovlar City,	ndo FL 32819 State & Zip		A La
-	407 3 Daytime To	61 4335	· -	÷

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME  The name of the corporation shall be:
Sun Insurance Services, Inc.
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  7738 Apple Tree Civile  Ovlando FL 32819
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:
Insurance sales and service
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)  The name(s), address(es) and title(s):  James Brandt, President  7738 Apple Tree Circle  Ovlando, FL 32819  Ovlando, FL 32819
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:
James Brandt 7738 Apple Tree Circle Orlando FL 32819
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:
James Brandt 7738 Apple Tree Cir Ovlando FL 32819
**************************************
2-20-03
Signature/Registered Agent Date

2-20-03 Date

Signature/Incorporator