

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353

: (800)221-2972 Phone : (888)692-9256 Fax Number

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

5

FLORIDA PROFIT/NON PROFIT CORPORATION

Sunnyside Property Venture Inc.

Certificate of Status	0
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Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

From:

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

The name of the corporati	E Sunnyside Proper	ty Venture Inc.	
	Principal street address	_	ess, if different is:
c/o Heidner La			aw Firm, P.C.
500 Fifth Ave.		500 Fifth Ave. Suite 1810	
New York, NY	10110	New York, NY 10110	
	POSE se corporation is organized is: To tran	sact any and all la	wful activity for
wnich a corpoi	ration may be formed.		
	RES Slock is: 1,000 TAL OFFICERS AND/OR DIRECTOR Leonardo Heidner	RS Name and Title:	79,5
	500 Fifth Ave. Suite 1810		
Address	New York, NY 10110		
			; % O
			. =
Name and Title:		Name and Title:	
Address		Address:	
			44.7
Name and Title		Name and Title:	
Address			

		(conti.)
Name and	l Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and Flo	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	BlumbergExcelsior Corporate Services Inc.	
Address:	155 Office Plaza Drive, 1st Floor	
	Tallahassee, FL 32301	
ARTICLE VII	INCORPORATOR	
The name and ado	dress of the Incorporator is:	
Name:	Christian D. Curtis	
Address:	500 Fifth Ave. Suite 1810	
	New York, NY 10110	
	ed as registered agent to accept service of process j m familiar with and accept the appointment as regi	for the above stated corporation at the place designated in stered agent and wree to act in this capacity
Asst Secr	etary, Jose Mojica	
	TV TV	2/15/2014
	Required Signature/Registered Agent	Date
l submit this docu document to the D	ment and affirm that the facts stated herein are to epartment of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
(C	12/12/2014
	Required Signature/Incorporator	Date