

P/5000094481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

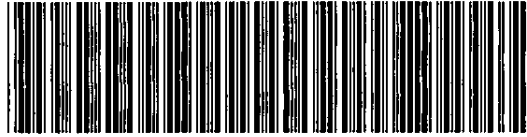
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/12/15--01025--016 *\$70.00

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DIVISION OF CORPORATIONS
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11/24/15

COVER LETTER

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

SUBJECT: Sunny Acres Farm, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: Mark Krupa
Name (Printed or typed)

1130 Seminole Farms Road
Address

Osteen, FL 32764
City, State & Zip

407-808-7173
Daytime Telephone number

~~Sunrise Farm2015@gmail.com~~ Sunny Acres Farm Inc @ gmail .com
E-mail address: (to be used for future annual report notification)

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: Sunny Acres Farm, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1130 Seminole Farms Road
Osteen, FL 32764

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

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ARTICLE IV SHARES

The number of shares of stock is: 50,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Krupa President Name and Title: _____

Address 1130 Seminole Farms Road Address: _____
Osteen, FL 32764

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Mark Krupa
 Address: 1130 Seminole Farms Road
Osteen, FL 32764

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Lauren Moyle
 Address: 5266 Office Park Blvd.
Bradenton, FL 34203

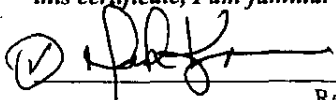
ARTICLE VIII EFFECTIVE DATE:

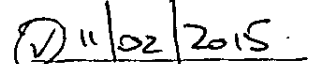
Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

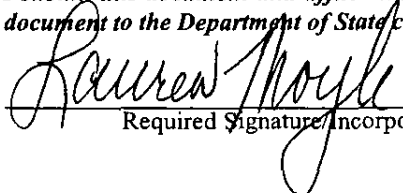
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 familiar with and accept the appointment as registered agent and agree to act in this capacity


 Required Signature/Registered Agent

 11/02/2015
 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.


 Required Signature/Incorporator

11-2-2015
 Date