

P18000088482

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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
SUNLIGHT CARPET INC

Table with 2 columns: Description and Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (04), and Estimated Charge (\$78.75).

2018 OCT 24 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLA

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2ND REQUEST

Florida Department of State

Attention: New Filing Section

To whom it may concern:

This is to advise you that the owners of Sunlight CARPET INC of Doc # P17000046439 are the same owners if the attached articles of the company. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

JAIME R LOPEZ

2018 OCT 24 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

TAX ID: 27-5373261

ARTICLE I NAME: The name of the corporation is:

Sunlight Carpet Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

3500 NW 11 PL Apt 203
Miami FL 33127

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

JAIME R LOPEZ (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

JAIME R LOPEZ

3500 NW 11 PL Apt 203
Miami FL 33127

ARTICLE VI INCORPORATOR: The name and address of the incorporator is:

JAIME R LOPEZ

3500 NW 11 PL Apt 203
Miami FL 33127

10/24/2018

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

DAVID R. LOPEZ _____
Registered 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 constitutes a third degree felony as provided for in s.817.155; F.S.

DAVID R. LOPEZ _____
Incorporator Date