F112000003132

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/S	State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
		,		





300287349423

06/28/16--01024--030 **70.00



N. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: EUroShineInc				
	on - must include suffix			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation f "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	tanding" and check are submitted to register the			
Please return all correspondence concerning this may	tter to the following:			
In 90 Van Stun				
	of Person			
Euro Shine Inc				
_	ompany			
13359 Chambord Street				
Brooksville FL 346	dress			
	719			
· · · · · · · · · · · · · · · · · · ·	e and Zip code			
E-mail address: (to be us	ed for future annual report notification)			
For further information concerning this matter, please	se call:			
Terry Rikin 25	2,597-2800			
Name of Person Area Code Daytime Telephone Number				
	25, 10.5p			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building 2661 Executive Conter Circle	P.O. Box 6327 Tallahassee, FL 32314			
Tallahassee, FL 32301	Tattatiassee, PL 32314			
Enclosed is a check for the following amount:				
\$70.00 Filing Fee \$ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy			



June 29, 2016

INGO VAN STYN 13359 CHAMBORD STREET BROOKSVILLE, FL 34613

SUBJECT: EUROSHINE INC. Ref. Number: W16000046011



We have received your document for EUROSHINE INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

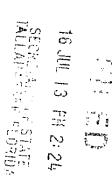
The document number of the name conflict is L08000063457.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 016A00013720



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	EuroShine'Inc			
	(Enter name of corporation; must include "INCORPORATED,	" "COMPANY," "CORPORATION,"		
	"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")			
	EuroShine 1 Inc.			
	(If name unavailable in Florida, enter alternate corporate name	_		
2.	Dela ware	45-3932971		
	(State or country under the law of which it is incorporated)	(FEI number, if applicable)		
4.	9/20/2011 5.			
	(Date of incorporation)	(Date of duration, if other than perpetual)		
6.	01/01/2016			
	(Date first transacted business i	n Florida, if prior to registration)		
		502, F.S., to determine penalty liability)		
7.	13359 Chambord Street	mal office address?		
	Brooksville FL 34613	pai office address)		
		ing address, if different)		
	(Outlong Ham)	ing admices, it differently		
8.	Name and street address of Florida registered agent: (P.	O. Box NOT acceptable)		
	1. NO VAID EXIC	EW S		
	Name: INGO VOVI STOPI	200 mm = 1		
0	ffice Address: 13359 Chamberd St	<u>ree</u> t % = -		
	Brooksville	Florida 34613		
	(City)	(Zip code) ⊝ N U		
9. Registered agent's acceptance:				

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman Address: ____ Director: _ Address: Director: Address: _ B. OFFICERS Address: Vice President: Address: Secretary: _ Address: Treasurer: NOTE: If pacessary) you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

(Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EUROSHINE INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JUNE, A.D. 2016.

Authentication: 202528726

Date: 06-21-16