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COVER LETTER

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

SUBJECT: INVISDITATE ONSHINE FUND INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: INVISTICAL SUNSHINE FUND INC
Name (Printed or typed)

36750 US Harry 19 No.

Citý, State & Zip

1-942-3347

Daytime Telephone number

Kbrook & CINNIS brook resort. Con

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 617, F.S., (Not for Profit) ARTICLE II PRINCIPAL OFFICE Mailing address, if different is:4 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ARTICLE_V INITIAL OFFICERS AND/OR DIRECTORS 14thwaly - PRES Name and Title: MILAGRO KEGES
15 US 19 No. Address: 36750 US 19 No. Address Address Frooks - KENSURante and Title: Address

Name and Title:	Name and Title:	
Address	Address:	
Name and Title:		
Address	Address:	
		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acce	niable) of the registered agent is:	
34.160 1/3 19 No	~~~ XOV	
Name: KIN Brooks Address: St 150 US 19 No. FAMM HARbor, GL =	ZAL 84 SE 5 SE 5	
THIN HAREUP PLE		
ARTICLE VII _INCORPORATOR	8: 5: 0R/J	
The <u>name and address</u> of the Incorporator is:	≫., ou s.	
Name: Julia Saltes		
Address: 3675045 Hwy Palm Harbor	<u>400</u>	
Palm Harbor	Fr. 34684	
ARTICLE VIII EFFECTIVE DATE:		
Effective date, if other than the date of filing:	. (OPTIONAL) ad cannot be more than five days prior or 90 days after the filing.)	
Note: If the date inserted in this block does not meet the appropriate document's effective date on the Department of State's reco	oplicable statutory filing requirements, this date will not be listed as the ords.	
Having been named as registered agent to accept service certificate. I am familiar with and accept the appointment a	of process for the above stated corporation at the place designated in this is registered agent and agree to act in this capacity	
P(I) = I	/ / · · · · ·	
Required Signature of Registered	Agent Date	
I submit this document and affirm that the facts stated here	in are true. I am aware that any 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.		
- Jacker	10/9/18	
Required Signature of Incor	porator Date	