

NZZ0000012SA1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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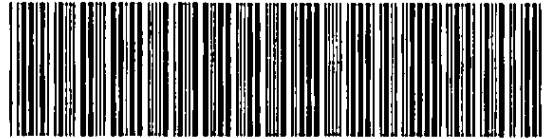
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/31/22--01034--026 \*\*70.00

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## AFFIDAVIT

State of Florida

County of Pinellas

This affidavit is made for the purpose of releasing the business name for the use to another entity.

I, Judy Basaldua being duly sworn, make the following  
(name of Affiant)  
statements.

The organization **Sunset Jeepers LLC** has no intention of revoking the voluntary dissolution filed on 8/5/22. I, Judy L Basaldua being the sole manager/authorized person for the above named entity have full authority to release the business name.

Judy Basaldua Date: 8-31-2022  
Signature of Affiant

SWORN to subscribed before me, this 31 day of August, 2022.

[Signature]  
Notary Public

My Commission Expires:

05-04-2024



## COVER LETTER

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

Sunset Jeepers Inc

**SUBJECT:** \_\_\_\_\_  
(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**

Sonia Becerra  
**FROM:** \_\_\_\_\_  
Name (Printed or typed)  
3 Greenway Plaza #1320  
\_\_\_\_\_  
Address  
Houston, TX 77046  
\_\_\_\_\_  
City, State & Zip  
877-777-0450  
\_\_\_\_\_  
Daytime Telephone number  
filings@swyftfilings.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 617, F.S., (Not for Profit)

### ARTICLE I NAME

Sunset Jeepers Inc

The name of the corporation shall be:

### ARTICLE II PRINCIPAL OFFICE

Principal street address:

83 Patricia Ave

Mailing address, if different is:

Dunedin, FL 34698

### ARTICLE III PURPOSE

For charitable, educational, religious or other purposes as restricted

The purpose for which the corporation is organized is:

by IRS Code Sect. 501(c)(3). On dissolution, the Board shall distribute assets to one or more charitable purposes to entities exempt

under Section 501(c)(3)

As provided for in

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

the bylaws.

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jody Basaldua - President

Address: 83 Patricia Ave

Dunedin, FL 34698

Name and Title: Janelle Dickinson - Secretary

Address: 83 Patricia Ave

Dunedin, FL 34698

Name and Title: Mitchell Basaldua - Treasurer

Address: 83 Patricia Ave

Dunedin, FL 34698

Name and Title: Michael Schaff - Director

Address: 83 Patricia Ave

Dunedin, FL 34698

Name and Title: Cynthia Schaff - Director

Address: 83 Patricia Ave

Dunedin, FL 34698

Name and Title: April Cantrell - Director

Address: 83 Patricia Ave

Dunedin, FL 34698

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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: Jody Lee Basaldua  
Address: 83 Patricia Ave  
Dunedin, FL 34698

**ARTICLE VII INCORPORATOR**

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

Name: Sonia Becerra  
Address: 3 Greenway Plaza #1320  
Houston, TX 77046

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STATE

**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 days prior or 90 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*

Jody Basaldua  
Required Signature of Registered Agent

10/14/2022  
Date

*I submit this document and affirm that the facts stated herein 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.*

[Signature]  
Required Signature of Incorporator

10/14/2022  
Date