N 230000 12336

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





100417149801

10/11/23--01006 -026 ****7.50

FILED RECEIVED

2023 OCT 11 PH 1: 10 2023 OCT 11 PH 1: 08

STALLAHASSEE FLORIDA

TALLAHASSEE FLORIDA

COVER LETTER

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

My Only Sunshine (

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

☑ S87.50

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

St Petersbury FL 33742

Golden queen 9 @ vahoo. 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)

The name of	the corporation shall be: My Onl	y Sunshin	e Corp.	
	T PRINCIPAL OFFICE	1	•	
<u>2</u>	Principal street address: 880 Central Ave		Mailing address, if different BOX 21024	nt is:
<u>S-</u>	+ Petersburg, FL 33	7/2	5+ Petersburg, FL 3	3742
make will the of	e for which the corporation is organized is: vanted animals for sure they have a be designated for cause. The local pet foods, meds,	From be 1 safe - 100% f tion will and si	ing euthanized forever home. For this purpos be open to acopplies for the	, and help The location e and cept donations eir needs.
	INITIAL OFFICERS AND/OR DIRE (Presidente: Dalita D'Orazio CEO			
Address	2880 Central Ave St Petersburg, FC 33	Address:	itle:	
Name and Ti Address	ille: Anthony D'Ovazic (America) 2800 Central Ave St Petersburg, FC 337	Address:	itle:	2020CT//
Name and Ti	itle:		itle:	0.1.10 0.3.

Name and Title:_		Name and Title:		
Address _		Address:		
_				_
_				_
Name and Title:_		Name and Title:		_
Address _		Address:		
-				_
				_
	REGISTERED AGENT orida street address (P.O. Box NOT acc	ceptable) of the registered agent	is:	
Name:	Anthon D'Orazio	,,		
Address:	470 3 ml St S		ALI	202 203
	Anthony D'Orazio 470 3 rd St S St Petersburg, FL 3	3712	AHASSI	3000
	INCORPORATOR Idress of the Incorporator is:			ED.
Name:	Dalita D'Orazio			
Address:	2220 Central ALC			0
	St Potensburg, FC 33	5712_		
ARTICLE VIII	EFFECTIVE DATE: other than the date of filing:	(ADT	TZXX A L X	
(If an effective date.	ate is listed, the date must be specific	and cannot be more than five	(ONAL) e days prior or 90 days afte	er the filing.)
Note: If the date document's effect	inserted in this block does not meet the tive date on the Department of State's re-	applicable statutory filing requeecords.	tirements, this date will not b	be listed as the
Having been nan certificate, I am fo	ned as registered agent to accept servic amiliar with and accept the appointment	e of process for the above sta as registered agent and agree t	ted corporation at the place to act in this capacity	designated in this
AM	N.O.		10/11/2	2 (()
	Required Signature of Registere	ed Agent	10/11/2 Date	<u> </u>
I submit this docu the Department of	ment and affirm that the facts stated her f State constitutes a third degree felony a	ein are true. I am aware that a is provided for in s.817.155, F.S	ny false information submitta S.	ed in a document to
16	lel	•	_/0/11/0	Dn 22
	Required Signature of Inc	orporator	Date	<u> </u>