TRANSMITTAL LETTER

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

SUBJECT:	Sun Studios, Inc. (Proposed corporate name – must include suffice.)	x)	·
Enclosed is an original	and (1) copy of the articles of incorporati	on and a check for:	004077487 04/25/0101062022 *****70.00 *****70.0
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY RI	
	FROM: Willia	m Schacht	01 SEC

3501 W. Vine Street #272 Address

Kissimmee, FL 34741 City, State & Zip

> (407) 944-4310 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



ARTICLES OF INCORPORATION (FLORIDA)

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - Name

The name of the corporation shall be: Sun Studio, Inc.

ARTICLE II - Principle Office

The principal place of business and mailing address of this corporation shall be: 7337 Spring Villas Circle, Orlando, FL 32819

ARTICLE III - Shares

The number of shares that this corporation is authorized to have outstanding at any one time is: 1,000,000

ARTICLE IV - Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent is: Christopher J. Olivier, 7337 Spring Villas Circle, Orlando, FL 32819

ARTICLE V - Incorporator

The name and address of the incorporator to these Articles of Incorporation are: Christopher J. Olivier, 7337 Spring Villas Circle, Orlando, FL 32819

Signature of Incorporator

Having named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent

Date