

PO1000075924

TRANSMITTAL LETTER

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

200004506822--6
-07/30/01 01078-811
****18.75 ****18.75

SUBJECT: SUNSHINE CREDIT REPAIR, 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: RAMON REYES
Name (Printed or typed)
5035 PALM AVE.
Address
HIALEAH, FL. 33012
City, State & Zip
(305)822-0669
Daytime Telephone number

FILED
2001 JUL 30 AM 11:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

158 8/2/01

ARTICLES OF INCORPORATION

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:

Sunshine Credit Repair, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

13899 Biscayne Blvd. #148 North Miami, FL. 33161

ARTICLE III SHARES

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

1,000 COMMON SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


The name and Florida street address of the initial registered agent are:

Gabriela Etchevarne 1595 NE 135 ST. # 302 North Miami, FL. 33161

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PRESIDENT/ Gabriela Etchevarne 1595 NE 135 ST. # 302 North Miami, FL. 33161
SECRETARY



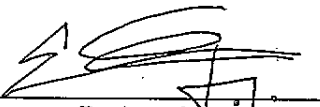
Signature/Incorporator

7/23/2001

Date

(An additional article must be added if an effective date is requested.)

Having been 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/Registered Agent

7/23/2001

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA