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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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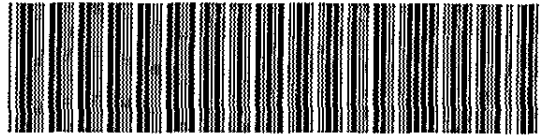
(Business Entity Name)

(Document Number)

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12-05-03

TRANSMITTAL LETTER

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

SUBJECT: Sunset Premium Finance Corporation
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Albert Fernandez
Name (Printed or typed)

P.O. Box 52-3498
Address

Miami FL 33152
City, State & Zip

305-463-7212
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Sunset Premium Finance Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Business Address: 6800 NW 77th Ct. Miami FL 33106
Mailing Address: PO BOX 523498 Miami FL 33152

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Premium finance

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Alexander Anthony
6800 NW 77th Ct. Miami FL 33106

Albert Fernandez
6800 NW 77th Ct Miami FL 33106

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Albert Fernandez
6800 NW 77th Ct. Miami FL 33106

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Albert Fernandez
6800 NW 77th Ct. Miami FL 33106

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

Signature/Registered Agent

Signature/Incorporator

Date

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA