

PD3000075258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

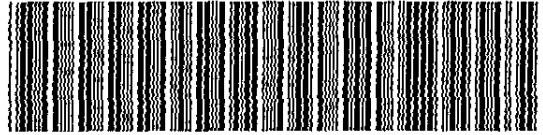
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03 JUL -2 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

SUNSHINE RESIDENTIAL, INC.

(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: \_\_\_\_\_

LAWRENCE R. KELNER

Name (Printed or typed)

1418 WOODSTREAM DRIVE

Address

OLDSMAR, FL. 34677

City, State & Zip

727-698-7917

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)

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**ARTICLE I NAME**

The name of the corporation shall be:

**SUNSHINE RESIDENTIAL, INC.**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

**1418 WOODSTREAM DR., OLDSMAR, FL. 34677**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**TRANSACTING ANY OR ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is:

**1000**

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

**ARTICLE VI REGISTERED AGENT**

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

**LAWRENCE R. KELNER  
1418 WOODSTREAM DR.  
OLDSMAR, FL. 34677**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

**LAWRENCE R. KELNER  
1418 WOODSTREAM DRIVE  
OLDSMAR, FL. 34677**

\*\*\*\*\*  
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

**Lawrence R. Kelner**  
Signature/Registered Agent

**6-30-03**  
Date

**Lawrence R. Kelner**  
Signature/Incorporator

**6-30-03**  
Date