

PD3000089655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

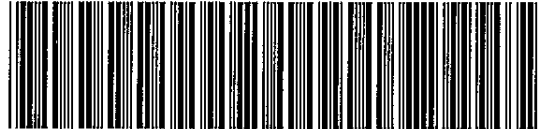
(Document Number)

Certified Copies 1

Certificates of Status 1

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Office Use Only



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08/15/03--01007--010 **157.50

FILED
03 AUG 15 PM 1:06
RECEIVED
03 AUG 15 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

8-15-03

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. UNLIMITED OPTICAL SUN, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

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

FILED

03 AUG 15 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Unlimited Optical Sun, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1672 NE 205 Terr
North Miami Beach, Fl. 33179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all legal business permitted in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

500 Shares at \$1.00 per share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Juliana Alcantuz
President
1672 NE 205 Terr
North Miami Beach, Fl. 33179

ARTICLE VI REGISTERED AGENT

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

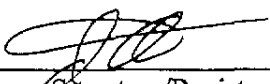
Juliana Alcantuz
1672 NE 205 Terr, North Miami Beach, Fl. 33179

ARTICLE VII INCORPORATOR

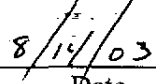
The name and address of the Incorporator is:

Juliana Alcantuz
1672 NE 205 Terr
North Miami Beach, Fl. 33179

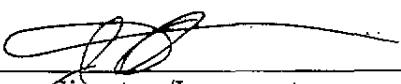
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

x 

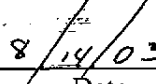
Signature/Registered Agent



Date

x 

Signature/Incorporator



Date