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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	of Status		
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## TRANSMITTAL LETTER

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

SUBJECT:	A Place in the	Sun Properti	es INC.		
SUBJECT: A Place IN the Sun Properties INC. (Proposed corporate name - must include sullix)					
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:					
Cl \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Pec, Certified Copy & Certificate		
**		ADDITIONAL CO	DPY REQUIRED		
FROM: _	Timothy D. MCAULIFFE Name (Printed or typed)				
4064 SE Dixie Ross St					
Address					
Stuart FL 34997					
City, State & Zip					
. 272 - 463 - 1510 Cell: 401 -524-8877  Daytime Telephone number					

## 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:
A PLACE IN THE SUN PROPERTIES INC

ARTICLES II PRINCIPAL OFFICE
THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE CORPORATION SHALL BE:
4064 SE DIXIE ROSS ST
STUART, FL 34997

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TAILARESSEE, FLORIDA

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: FIVE HUNDRED (500) SHARES OF COMMON STOCK WITH A PAR VALUE OF ONE DOLLAR (\$1.00) PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS:
THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED
AGENT IS:
TIMOTHY D. MCAULIFFE
4064 SE DIXIE ROSS ST
STUART, FL 34997

ARTICLE V
NAME OF INCORPORATOR
THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION ARE:
TIMOTHY D. MCAULIFFE
4064 SE DIXIE ROSS ST

SIGNATURE / INCORPORATOR

STUART, FL 34997

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 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

DATE

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