

P04000114207

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000160761 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

04 AUG -4 PM 8:41

SECRET
DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

SUN FLORIDA SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES VI INCORPORATOR(S)

**THE NAME(S) AND STREET ADDRESS(ES) OF THE
INCORPORATOR(S) TO THIS ARTICLES OF INCORPORATOR**

***LUIS CARRION
885 WEST 74 STREET #109-C
HIALEAH, FLA. 33014**

***ORLANDO ULLOA
885 WEST 74 STREET #109-C
HIALEAH, FLA. 33014**

**IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S)
HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION
THIS: 4 DAY OF AUGUST OF THE YEAR 2004**

SIGNATURE(S) OF INCORPORATOR(S)

**x 
LUIS CARRION**

**x 
ORLANDO ULLOA**

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/ REGISTERED OFFICE

**PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA
THE NAME OF THE CORPORATION:**

SUN FLORIDA SERVICES, INC.

**THE NAME AND ADDRESS OF THE REGISTERED AGENT AND
OFFICE IS:**

**ORLANDO ULLOA
885 WEST 74 ST. #109-C
HIALEAH, FLA. 33014**

SIGNATURE: 

ORLANDO ULLOA

TITLE

PRESIDENT

DATE: AUGUST 4, 2004

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR
THE ABOVE STATED CORPORATION, AT THE PLACE
DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT
IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH
THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER
AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT
THE DUTIES AND OBLIGATIONS OF SECTIONS OF SECTION
607.325, FLORIDA STATUTE**

SIGNATURE: 

DATE AUGUST 4, 2004

04 AUG -4 AM 8:43

SECTION 607.325
FLORIDA STATUTES