

P04000120245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF REGISTRATION

**CORPORATE  
ACCESS,  
INC.**

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-4666 Fax (850) 222-4666

WALK IN

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8/19/13

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Arts

1.) Surcoast Shower and Mirror Inc.  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

# 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

*The name of the corporation shall be:*

**SUNCOAST SHOWER AND  
MIRROR INC**

## ARTICLE II

*The principal place of business address of this corporation shall be:*

**2242 TAYLOR STREET  
HOLLYWOOD FL 33020**

*The mailing address of this corporation shall be:*

**2218 WILSON STREET  
HOLLYWOOD FL 33020**

## ARTICLE III

*The number of shares of stock that this corporation is authorized to have outstanding at any one time is:*

**500 Shares**

## ARTICLE IV

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

**ATTILA GYORFI  
2218 WILSON STREET  
HOLLYWOOD FL 33020**

## ARTICLE V.

*Name and address of the incorporator to these articles of Incorporation is:*

**ATTILA GYORFI  
2218 WILSON STREET  
HOLLYWOOD FL 33020**

  
Signature/Incorporator

  
Date

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Page 2.

## ARTICLE VI.

*Names and addresses of officers of the corporation are:*

**President:**

*Attila Gyorfi*  
2218 Wilson Street  
Hollywood FL 33020

**Treasurer:**

*Attila Gyorfi*  
2218 Wilson Street  
Hollywood FL 33020

*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 and agree to act in 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*

*Attila Gyorfi*  
Signature / Registered Agent

08/10/24  
Date

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