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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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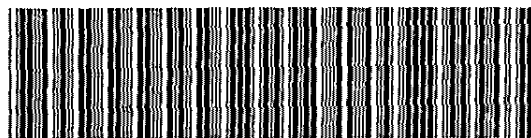
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TH 9/3/04

TRANSMITTAL LETTER

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

SUBJECT: Sunfest Caribe, 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: Martha Wagner
Name (Printed or typed)

700 N. Peninsula Ave
Address

New Smyrna Beach, FL 32169
City, State & Zip

(386) 426-0270
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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

SunFest Caribe, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*700 N. Peninsula Ave.
New Smyrna Beach, FL 32169*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales + Marketing

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

*Martha T. Wagner, President
700 N. Peninsula Ave
New Smyrna Beach, FL 32169*

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Martha T. Wagner
700 N. Peninsula Ave.
New Smyrna Beach, FL 32169*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Martha T. Wagner
700 N. Peninsula Ave.
New Smyrna Beach, FL 32169*

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

Martha T. Wagner

Signature/Registered Agent

8/30/04

Date

Martha T. Wagner

Signature/Incorporator

8/30/04

Date

Martha T. Wagner