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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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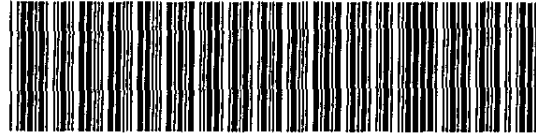
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

js

12-5

TRANSMITTAL LETTER

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

SUBJECT: SUNSATONAL TECHNOLOGIES, 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: STEFANIE GIPS
Name (Printed or typed)

323 E. PINE ST.
Address

LONG BEACH, NY 11561
City, State & Zip

516-532-7395
Daytime Telephone number

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

04/05/00 - 8 PM 1:45

FILED

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)

ARTICLE I NAME

The name of the corporation shall be:

SUNSATONAL TECHNOLOGIES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

C/O STEFANIE GIPS
9781 SUNRISE LAKES BLVD. #301
SUNRISE, FLORIDA 33322

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES OF ELECTRONIC COMPONENTS AND EQUIPMENT

ARTICLE IV SHARES

The number of shares of stock is:

50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

STEFANIE GIPS, PRESIDENT
323 E. PINE ST.
LONG BEACH, NY 1156

ARTICLE VI REGISTERED AGENT

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

STEFANIE GIPS, PRESIDENT
9781 SUNRISE LAKES BLVD. 150 #301
SUNRISE, FLORIDA 33322

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

STEFANIE GIPS
323 E. PINE ST.
LONG BEACH, NY 11561

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

Stefanie Gips
Signature/Registered Agent

12/7/04
Date

Stefanie Gips
Signature/Incorporator

12/7/04
Date

FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA
04 DEC -8 PM 1:46