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(Requestor's Name)

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(City/State/Zip/Phone #)

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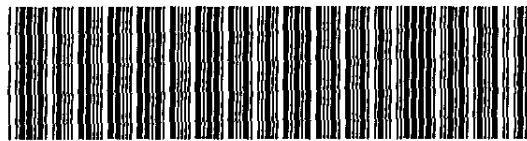
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 16 AM 8:21

D. Brown MAY 19 2005

TRANSMITTAL LETTER

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

SUBJECT: SUNSHINE STATE TOOLS, 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: PRIEST ACCOUNTING
Name (Printed or typed)

P.O. BOX 620386
Address

OVIEDO, FL. 32762
City, State & Zip

407-365-7961
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
OF

Sunshine State Tools, Inc.

We the undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I
NAME OF CORPORATION

The name of the corporation shall be: Sunshine State Tools, Inc.

ARTICLE II
ADDRESS OF CORPORATION

The principal place of business and mailing address of this corporation shall be:

2189 Blossomwood Drive
Oviedo, FL. 32765

ARTICLE III
CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares.

ARTICLE IV
TERM OF CORPORATE EXISTENCE

This corporation shall exist perpetually unless dissolved according to law and such existence shall commence at the time of filing of these Articles of Incorporation by the Department of State.

ARTICLE V
CORPORATE PURPOSE

The corporation may engage in any activity of business permitted under the laws of the United States and the State of Florida.

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ARTICLE VI
REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Joan Puglia
2189 Blossomwood Drive
Oviedo, FL. 32765

ARTICLE VII
INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Joan Puglia 2189 Blossomwood Drive, Oviedo, FL. 32765

ARTICLE VIII
BY-LAWS

The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors.

ARTICLE IX
ACTION BY DIRECTORS WITHOUT A MEETING

The directors of this corporation may take action by written consent, as provided by law.

ARTICLE X
DIRECTORS

The business of this corporation shall be managed by a Board of Directors consisting of Joan Puglia. This name may change. The Corporation shall have a president, a secretary and treasurer and may have additional and assistant officers. A person may hold more than one office. Names of initial directors:

Joan Puglia - President

ARTICLE XI
INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE XI
AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders as subject to this reservation.

We the undersigned has(have) executed these Articles of Incorporation this _____ day of _____, 2005

Signature Joan Puglia
Title President

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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.

1. The name of the corporation is: Sunshine State Tools, Inc.

The name and address of the registered agent and office is:

Joan Puglia
2189 Blossomwood Drive
Oviedo, FL. 32765

SIGNATURE Joan Puglia
TITLE President
DATE 5/12/05

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 THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCES OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Joan Puglia
DATE 5/12/05

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