

PD5000112276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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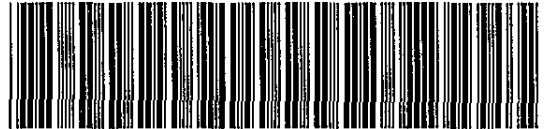
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 AUG 11 AM 11:40

MPD
8/12

W05-36358

TRANSMITTAL LETTER

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

SUBJECT: Sunshine Services 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: David Trimble
Name (Printed or typed)

450 NW 20th Street Suite E-102
Address

Boca Raton, FL 33431
City, State & Zip

561 368 5498
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 2, 2005

DAVID TRIMBLE
450 NW 20TH STREET
SUITE E-102
BOCA RATON, FL 33431

SUBJECT: SUNSHINE SERVICES INC.
Ref. Number: W05000036358

We have received your document for SUNSHINE SERVICES INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist
New Filings Section

Letter Number: 205A00049756

see articles attached

RECEIVED
05 AUG 11 AM 10:00
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

SSI Services, Inc

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 AUG 11 AM 11:40

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

450 NW 20th Street Suite 102-E
Boca Raton, Fl. 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Service

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

David Trimble P/D
Rick Nelson S/D

ARTICLE VI REGISTERED AGENT

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

David Trimble
450 NW 20th Street Suite 102-E
Boca Raton, Fl. 33431

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Rick Nelson
450 NW 20th Street Suite-102-E
Boca Raton, Fl. 33431

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


Signature/Registered Agent

7-28-05
Date


Signature/Incorporator

7/28/05
Date