

P05000145920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

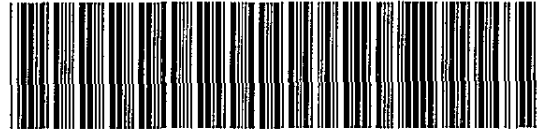
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

505-47663

Office Use Only



500060565145

10/17/05--01015--003 \*\*87.50

FILED  
05 OCT 31 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/31/05



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

October 18, 2005

PAULA WALTERS MOYE  
13194 NW 7TH PLACE  
PLANTATION, FL 33325

SUBJECT: FLORIDA SUNSHINE TITLE COMPANY  
Ref. Number: W05000047663

We have received your document for FLORIDA SUNSHINE TITLE COMPANY. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

The document number of the name conflict is M03000003753 - FLORIDA SUNSHINE TITLE, L.L.C..

An effective date may be added to the Articles of Incorporation **if a 2006 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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) 245-6934.

Loria Poole  
Document Specialist  
New Filings Section

Letter Number: 105A00063449

RECEIVED  
05 OCT 31 PM 3:11  
DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: FLORIDA SUNSHINE TITLE AND ESCROW COMPANY  
(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: Paula Walters Moyer

Name (Printed or typed)

13194 N.W. 7 Place

Address

Plantation, FL 33325

City, State & Zip

954-261-8830

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)

**ARTICLE I NAME**

The name of the corporation shall be:

FLORIDA SUNSHINE TITLE AND ESCROW COMPANY

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

13194 NW 7 Place  
Plantation, FL 33325

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Title Insurance Agency

**ARTICLE IV SHARES**

The number of shares of stock is:

10

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Paula Walters Moyer  
13194 NW 7 Place  
Plantation, FL 33325  
President and Treasurer

Michael S. Acosta  
1300 Collins Avenue #209  
Miami Beach, FL 33139  
Vice President

**ARTICLE VI REGISTERED AGENT**

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

Paula Walters Moyer  
13194 NW 7 Place  
Plantation, FL 33325

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Paula Walters Moyer  
13194 NW 7 Place  
Plantation, FL 33325

\*\*\*\*\*

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

Paula Walters Moyer  
Signature/Registered Agent

Paula Walters Moyer  
Signature/Incorporator

10/27/05  
Date

10/27/05  
Date

FILED  
05 OCT 31 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA