P06000052998

| | (Requestor's Name) |
|------------------|--------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PIC | C-UP WAIT MAIL |
| | (Business Entity Name) |
| | |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instruct | ions to Filing Officer: |
| | |
| | |
| | |
| | |
| | |
| | Office Use Only |



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04/13/06--01020--025 **70.00

OF APR 12 PM 2:27

//

COVER LETTER

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

| SUBJE | CT: Suns | shyne Party Rental In (PROPOSED CORPORA) | IC TE NAME – <u>MUST INCL</u> | UDE SUFFIX) | |
|----------|-------------------------|---|--|---|---|
| Enclosed | d are an orig | inal and one (1) copy of the artic | cles of incorporation and | l a check for: | |
| | ☑ \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | |
| | FROM: To | onja Richardson | | | |
| | | | (Printed or typed) | | • |
| | 14335 NW 21 Ct | | | | |
|) | - | Opa-Locka, FL 33054 | Address State & Zip | ······································ | |
| | - - | 786-487-0095 Daytime To | elephone 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) | FILED |
| ARTICLE I NAME | |
| The name of the corporation shall be: | 06 APR 12 PM 2:27 |
| Sunshyne Party Rental Inc | |
| | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: | |
| P O Box 541008 Opa-Locka, FL 33054 | |
| ARTICLE III PURPOSE | - |
| The purpose for which the corporation is organized is: | |
| Any and all lawful business | |
| 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): | |
| Tonja Richardson - Owner/President 14335 NW 21 Ct | |
| Opa-Locka, FL 33054 | |
| | |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address (P.O. Box NOT acceptable) of the | registered agent is: |
| Tonja Richardson | 3 |
| 14335 NW 21 Ct | |
| Opa-Locka, FL 33054 | |
| ARTICLE VII INCORPORATOR | • |
| The name and address of the Incorporator is: | |
| Tonja Richardson 14335 NW 21 Ct | |
| Opa-Locka, FL 33054 | |
| | ******** |
| Having been named as registered agent to accept service of process for the above states certificate, I am familiar with and accept the appointment as registered agent and agree to | d corporation at the place designated in this. |
| 1 - 0-1 1 | |
| 10upa Kichandur | 04/12/2006 |
| Signature/Registered Agent | Date |
| 10 you Kichondu | 04/12/2006 |
| Signature/Incorporator | Date |