

POL000096172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

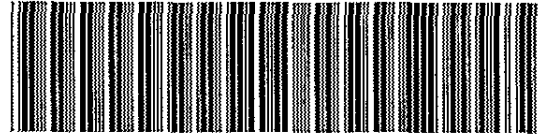
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: SUNRISE #99 MOVERS 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: SUNRISE #99 MOVERS INC.

Name (Printed or typed)

11340 ROCKING HORSE ROAD

Address

HOLLYWOOD, FL 33026

City, State & Zip

(561) 222-1991

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:

SUNRISE # 99 MOVERS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11340 ROCKING HORSE ROAD
HOLLYWOOD, FL 33026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRANSPORTATION OF HOUSEHOLD ITEMS

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DROR KAWAZ, PRESIDENT
11340 ROCKING HORSE ROAD
HOLLYWOOD, FL 33026

ARTICLE VI REGISTERED AGENT

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

DROR KAWAZ
11340 ROCKING HORSE ROAD
HOLLYWOOD, FL 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DROR KAWAZ
11340 ROCKING HORSE ROAD
HOLLYWOOD, FL 33026

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

Date

Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA