Division of Corporations
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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 SECRETARY OF STATE

FLORIDA PROFIT/NON PROFIT CORPORATION

SUN KING SOLAR POWER, INC.

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3/13/2007

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF

SUN KING SOLAR POWER, INC.

The undersigned, for the purpose of forming a corporation under the FLORIDA GENERAL CORPORATION ACT hereby adopts the following Articles of Incorporation:

ARTICLE ONE NAME

The name of the corporation is: Sun King Solar Power, Inc.

ARTICLE TWO DURATION

The term of existence of the corporation is perpetual.

ARTICLE THREE PURPOSE

The comporation may transact any and all lawful business for which corporations may be incorporated under the laws of the STATE OF FLORIDA.

ARTICLE FOUR CAPITAL STOCK

The maximum number of shares which the corporation has authority to issue is 100 all of which shall be common shares with a par value of \$1.00

ARTICLE FIVE REGISTERED OFFICE

The street address of the initial registered office of the corporation shall be:

1820 S Pinellas Ave #106 Tarpon Springs, FL 34689

The name of the initial registered agent at such address is:

Michael Flynn

ARTICLE SIX REGISTERED AGENT ACCEPTANCE

I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.

Michael Flynn

ARTICLÉ SEVEN PRINCIPAL OFFICE

The principal office of the corporation shall be:

1820 S Pinellas Ave #106 Tarpon Springs, FL 34689

> ARTICLE EIGHT PRE-EMPTIVE RIGHTS

The shareholders shall have pre-emptive rights.

ARTICLE NINE DIRECTORS

The board of directors of the corporation shall consist of at least one member. The name and address of the initial director of the board is:

NAME: Michael Flynn

ADDRESS: 1820 S Pinellas Ave #106 Tarpon Springs, FL 34689

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE TEN INCORPORATOR

The name and address of the incorporator is:	
NAME: Michael Flynn	
ADDRESS: 1820 S Pinellas Ave #106 Tarpon Springs, FL 34689	
In witness whereof, I have subscribed my name this 13 TH day of MARCH 2007	
Name: Michael Flynn y Incorporator	
STATE OF FLORIDA : SS COUNTY OF PINELLAS :	
On this 13 Th day of MARCH, 2007, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared: Michael Flynn known by me personally er furnishing the following identification: to be the person whose name is subscribed, to the within instrument and acknowledged that they executed the same for the purpose therein contained.	
IN WITNESS WHEREOF, I hereunto set my hand official seal. NOTARY PUBLIC STATE OF FLORIDA AT LARGE	

MY COMMISSION EXPIRES:

