

PO7000103288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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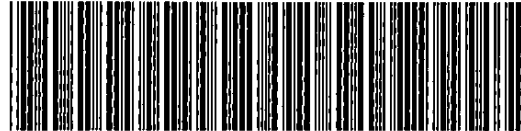
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/19/07--01003--004 **78.75

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FLECH
SECRETARY OF STATE
DIVISION OF CORPORATIONS

act

COVER LETTER

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

SUBJECT: THE SUNSHINE SHOP, 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: DAVID MULLINS

Name (Printed or typed)

605 STAFFORD LANE

Address

ST AUGUSTINE, FLORIDA, 32086

City, State & Zip

904-669-1650

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:

THE SUNSHINE SHOP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

645 A1A BEACH BLVD.
ST. AUGUSTINE, FLORIDA, 32080

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TRANSACT ANY AND ALL LAWFUL BUSINESS

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 MULLINS, 605 STAFFORD LANE, ST. AUGUSTINE, FL, 32086, PRESIDENT

LISA MULLINS, 605 STAFFORD LANE, ST. AUGUSTINE, FL, 32086, VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

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

DAVID MULLINS
605 STAFFORD LANE
ST. AUGUSTINE, FLORIDA, 32086

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID MULLINS
605 STAFFORD LANE
ST. AUGUSTINE, FLORIDA, 32086

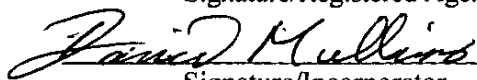
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

9/17/07

Date



Signature/Incorporator

9/17/07

Date

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SECRETARY OF STATE
DIVISION OF CORPORATIONS