10000114758

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Statu	us	
Special Instructions to Filing Officer:		





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10/17/07--01045--006 **78.75

O7 OCT 17 AM IO OO SECRETARY OF STATE

KS 10/19/07

COVER LETTER

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

SUBJECT: SUNSHINE MULTISERVICES CORP				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
☐\$70.00 	√]\$78.75	\$78.75	S87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
		- Common Copy	& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
	L			
FROM: CLAUDIA RUIZ				
Name (Printed or typed)				
9001 SW 77 AVE APT C109				
Address				
M	IAMI FL 33156			
City, State & Zip				
70	6 2242706			
786-2343786 Daytime Telephone number				
	Duy time 1 ci	ephone number		

NOTE: Please provide the original and one copy of the articles.

ÁRTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

SUNSHINE MULTISERVICES CORP

FILED

07 OCT 17 AM 10: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9001 SW 77 AVE APT C109 MIAMI FL 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL SERVICES

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):

CLAUDIA RUIZ - PRESIDENT 9001 SW 77 AVE APT C109 MIAMI FL 33156

ARTICLE VI REGISTERED AGENT

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

CLAUDIA RUIZ 9001 SW 77 AVE APT C109 MIAMI FL 33156

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

CLAUDIA RUIZ 9001 SW 77 AVE APT C109 MIAMI FL 33156

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

Claudia Eviz
Signature/Registered Agent
Claudia Eviz
Signature/Incorporator

Date

Date