

710000029304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

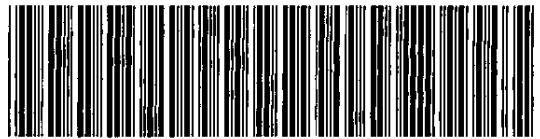
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 MAR 26 AM 10:54  
DIVISION OF CORPORATION & BUSINESS  
STATE OF FLORIDA

2010 APR -2 PM 1:40

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J Shivers APR 05 2010

10551-013

## COVER LETTER

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

**SUBJECT:** FLOSUN SERVICES 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** MARIA T. MONRO

Name (Printed or typed)

205 LAKEVIEW DR. APT 202

Address

WESTON, FL, 33326

City, State & Zip

(954)7933968

Daytime Telephone number

maritemonro@hotmail.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32314

**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:

FLOSUN SERVICES INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

Principal : 205 LAKEVIEW DR. APT. 202, WESTON, FL, 33326

Mailing: 15970 WEST SR 84 #309, WESTON, FL, 33326

**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:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Andres Campero      Maria T. Monro  
205 Lakeview Dr. Apt.    205 Lakeview Dr. Apt.  
202, Weston, Fl, 33326    202, Weston, Fl, 33326  
PRESIDENT                VICE-PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

Maria T. Monro

205 Lakeview Dr. Apt. 202, Weston, Fl, 33326

**ARTICLE VII INCORPORATOR**

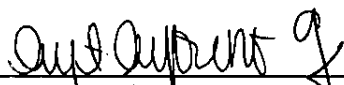
The name and address of the Incorporator is:

Maria T. Monro

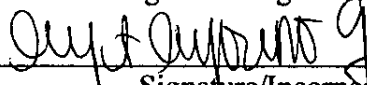
205 Lakeview Dr. Apt. 202, Weston, Fl, 33326

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*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



Signature/Incorporator

03/23/2010

Date

03/23/2010

Date

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MAR 24 2010  
ALACHUA COUNTY, FLORIDA

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