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(Re	questor's Name)			
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PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE



PS 8/13/10

COVER LETTER

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

SUBJECT:	VC Surrise Ventures, Inc.			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l 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	
		ADDITIONAL CO	Status OPY REQUIRED	
			.	
FROM:		Johnson-Kline		
	Name	(Printed or typed)		
	1156	3 McLeod St.		
		Address		
	Spring	Hill, FL 34609		
-	City, State & Zip			
	35	2-799-4499		
•	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:

VC Sunrise Ventures, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is:

11563 McLeod St. Spring Hill, FL 34609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

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): Connie Johnson-Kline, President 11563 McLeod St. Spring Hill, FL 34609

ARTICLE VI REGISTERED AGENT

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

Connie Johnson-Kline 11563 McLeod St. Spring Hill, FL 34609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Connie Johnson-Kline 11563 McLeod St. Spring Hill, FL 34609

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

2 PM 2:57

BY OF STATE,
SEE SLOPIDA