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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

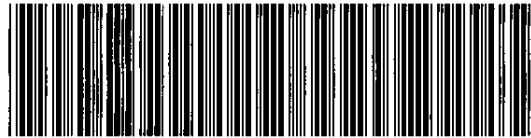
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP 10 PM 2:46

APPROVED  
AND  
FILED

141

## COVER LETTER

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

**SUBJECT:** SUNBURST FL CORPORATION  
**(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** BARBARA M. HUFF  
Name (Printed or typed)

P. O. BOX 734  
Address

COLEMAN, FL 33521  
City, State & Zip

352-330-4012  
Daytime Telephone number

bmh42@cfl.rr.com  
E-mail address: (to be used for future annual report notification)

**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)

APPROVED  
AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

SUNBURST FL CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

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

136 S. COMMERCIAL STREET P. O. BOX 734  
COLEMAN FL 33521 COLEMAN FL 33521

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

REAL ESTATE INVESTMENTS

**ARTICLE IV SHARES**

The number of shares of stock is:

35,000

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

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

Barbara M Huff Carroll A Laker Jack L Gries  
P O Box 734 P O Box 734 P O Box 734  
Coleman FL 33521 Coleman FL 33521 Coleman FL 33521  
President/Secretary Vice President Treasurer

**ARTICLE VI REGISTERED AGENT**

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

Barbara M Huff 136 S. Commercial Street Coleman FL 33521

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Barbara M Huff P O Box 734 Coleman FL 33521

\*\*\*\*\*  
*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*

Barbara M. Huff  
Signature/Registered Agent  
Barbara M. Huff  
Signature/Incorporator

9-7-10  
Date  
9-7-10  
Date