

P10000096754

(Requestor's Name)

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(Business Entity Name)

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RETURNED CHECK

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2010 NOV 24 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 30 2010

## COVER LETTER

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

SUBJECT: Sundrop, 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: Shaton Belton  
Name (Printed or typed)  
8762 Pisa Dr Apt 222  
Address  
Orlando FL 32810  
City, State & Zip  
407-661-4004  
Daytime Telephone number  
shaton@beauty401.com  
E-mail address: (to be used for future annual report notification)

2010 NOV 24 PM 1:40  
FILED  
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)

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RETURNED CHECK

**ARTICLE I NAME**

The name of the corporation shall be:

Sundrop Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8762 Pisa Dr

Apt 222

Orlando FL 32810

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To conduct business as a Corporation, for employment services

**ARTICLE IV SHARES**

The number of shares of stock is: 2

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

Name and Title: Shaton Belton

Address: 8762 Pisa Dr

Apt 222

Orlando FL 32810

Name and Title: Marreen Garrett

Address: 8762 Pisa Dr

Apt 222

Orlando FL 32810

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Shaton Belton

Address: 8762 Pisa Dr

Apt 222 Orlando FL 32810

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Shaton Belton

Address: 8762 Pisa Dr Apt 222

Orlando FL 32810

*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*

Shaton Belton

Required Signature/Registered Agent

11-22-10

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Shaton Belton

Required Signature/Incorporator

11-22-10

Date

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