

P11000012130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

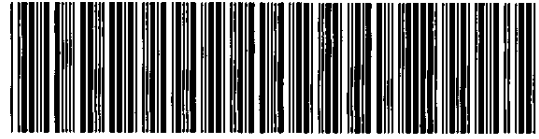
(Business Entity Name)

(Document Number)

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

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Office Use Only



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02/04/11--01001--007 \*\*87.50

RECEIVED  
11 FEB - 3 PM 4: 04  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
11 FEB - 3 PM 4: 03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS 2/3/11

COVER LETTER

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

SUBJECT: Sunset Store 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: Nayef Halim  
Name (Printed or typed)

843 Havana Hwy.  
Address

Quincy, FL 32352  
City, State & Zip

850-728-8045  
Daytime Telephone number

Nayefh@Msn.com  
E-mail address: (to be used for future annual report notification)

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

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I, NAYEF Halim will not reinstate  
Sunset Store INC. Document #  
P07000130964, & I release the  
name for use.

Nayef Halim

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:

Sunset Store Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

843 Havana Hwy.  
Quincy, FL 32352

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nayerf Halim, President  
Address: 650 S. Adams St.  
Quincy, FL 32351

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

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

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

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

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

FILED  
11 FEB - 3 PM 4:03  
CLERK OF COUNTY

ARTICLE VI REGISTERED AGENT

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

Name: Nayerf Halim  
Address: 650 S. Adams St.  
Quincy, FL 32351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nayerf Halim  
Address: 650 S. Adams St.  
Quincy FL 32351

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

Nayerf Halim  
Required Signature/Registered Agent

2-3-11  
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.

Nayerf Halim  
Required Signature/Incorporator

2-3-11  
Date