## P11000013650

	-	
(Re	questor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cil	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	ily



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## COVER LETTER\*

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

SUBJECT: SUNSHINE WAY ETHANOL, INC.						
	(PROPOSED CORPORAT	'E NAME – <u>MUST INC</u> I	LUDE SUFFIX)			
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation an	d 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 o Status			
		ADDITIONAL C	DPY REQUIRED			
EDOM.	AL D					
FROM:	FROM: ALDO OJEDA  Name (Printed or typed)					
	3705 N. HIMES AVENUE Address					
TAMPA, FLORIDA 33607 City, State & Zip						
813-877-9500  Daytime Telephone number						
ALDOLAW4502@AOL.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)

ARTICLE I NA The name of the corpor	AME SUNSHINE WAY ETHA ration shall be:	NOL, INC	<b>)</b> .	
ARTICLE II P	RINCIPAL OFFICE			
	Principal street address		Mailing address, if	different is:
•	12602 U.S. HWY 41			
GIB	SONTON, FLORIDA 33534			
<u> </u>				
ARTICLE III PU				*
The purpose for which	h the corporation is organized is:			<b>2</b>
To engage in ar	ny activity or business incidental to	or related	to the business.	
				E 7
				42 o
ARTICLE IV SE	ARES			
The number of shares of	of stock is 1000 shares of capital stock of the	e par value	of one dollar (\$1.00);	oer share which shall be
	designated "common shares," and	d all of whic	th shall have the same	e rights and privileges.
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR	S		I:
	Jason Davis, President		Title:	
Address:	12602 U.S. Hwy 41			
-	Gibsonton, Fla. 33534	_	<del></del>	<del></del>
-		_		
Name and Title	Carles Macha Vias Dussidant	Name and	Tisla	
Address:	Carlos Macho, Vice-President 12602 U.S. Hwy 41	_ Name and		
Address.	Gibsonton, Fla. 33534	_ Address.	<del> </del>	<del></del>
-	Gibsonion, Fia. 55554	_	<del> </del>	
-		_	-	
Name and Title:		_ Name and	Title:	
Address:		_ Address:		
_	·· <u> </u>	_	<del></del>	
-		_		
ARTICLE VI RE	GISTERED AGENT			
	a street address (P.O. Box NOT acceptable) of	the registers	d agent ic	
Name:	Aldo Ojeda	_	d agent is.	
Address:	3705 N. Himes Ave			
	Tampa, Fla. 33607	-		
	•	-		
	CORPORATOR			
	s of the Incorporator is:			
Name:	Carlos Macho	_		
Address:	12602 U.S. Hwy 41 Gibsonton, Fla. 33534	-		
	Gibsonton, Fla. 33534	-		
Having been named this certificate, I amfa	is registered agent to accept service of process imiliar will and accept the appointment as regional accept the a	for the abo istered agent	and agree to act in this	the place designated in capacity  Date
				EMIN
I submit this documen	ny and affirm that the facts stated herein are	true. I am a	nvare that the false inf	ormation submitted in a
docyment to the Depay	ment of State constitutes a third degree selony	as provided	for in s.817.155, F.S.	///
		<del>-</del>	,	$\sim 1/1$
ul	not villanham		C	<i>\    </i>
<del> </del>	Required Signature/Incorporator		<del>_</del>	Date