P11000036255

(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:
WH 18916-
JON 1

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400199819494

04/01/11--01003--004 **78.75



IM

COVER LETTER

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

SUBJECT: To form the corporation, Like Sunday, Company (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 & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certified C & Certified Status ADDITIONAL COPY REQUIR	Copy ate of
FROM: James Cumberland Name	(Printed or typed)	
2063 Gilmore Street	ddress	_
Jacksonville, FL 32204 City, S	State & Zip	_
540-273-3759 Daytime Te	lephone number	_
Robotfriends@gmail.com E-mail address: (to be used	for future annual report notification)	

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



April 4, 2011

JAMES CUMBERLAND 2063 GILMORE STREET JACKSONVILLE, FL 32204

SUBJECT: LIKE SUNDAY, INC. Ref. Number: W11000018916

We have received your document for LIKE SUNDAY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 311A00008095

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE II	PRINCIPAL OFFICE	•••	
_	Principal street address	Mailing a	ddress, if different is:
	063 Gilmore Street		
<u>ئا۔</u>	acksonville, FL 32204		
_			
TICLE III	PURPOSE		
	nich the corporation is organized is:		
attooing			
· ·			
			7
TICLE IV	SHARES		
number of shar	es of stock is:10		≥ 3 ≥
		and .	AS P
	INITIAL OFFICERS AND/OR DIRECTO		85 T3
	tle: James Cumberland-President		
Address:	2063 Gilmore Street		
	Jacksonville, FL 32204		25 TO
			Zm +
Name and Ti	tle:		Ny.
Address:		Address:	
Name and Ti	tle:	Name and Title:	
Address:		Address:	
 			
	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable)		
Name:	James Cumberland		
Address:	2063 Gilmore Street		
	Jacksonville, FL 32204	_	
RTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name:	James Cumberland		
Address:	2063 Gilmore Street		
	Jacksonville, Fl 32204	_	
	ed as registered agent to accept service of proc		
s certificate, I an	n familiar with and accept the appointment as n	egistered agent and agree to a	ict in this capacity
	_		** ** **
	Required Signature/Registered Agent		4.11-11
	Required Signature/Registered Agent		Date