## 25009000119

(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:				

Office Use Only



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SECRETARY OF STATE

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## **COVER LETTER**

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

SUBJECT: Sunny Puppets, Inc	
(PROPOSED CORPORA'  Enclosed are an original and one (1) copy of the artic	TE NAME – MUST INCLUDE SUFFIX)  cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
FROм: Zhi Zhu Name	(Printed or typed)
1600 33rd St, Ste 108	Address
Orlando, FL 32839	State & Zip
407.236.7901  Daytime Telescope Tele	elephone number
ezgibbon@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 The name of the co	NAME Sunny Puppets, Inc		
	PRINCIPAL OFFICE Principal street address 600 33rd St. Ste 108 Priando, FL 32839		ddress, if different is:
ARTICLE III	PURPOSE		
The purpose for w	hich the corporation is organized is: nolesale distribution of toys and gifts	3	
ADVIOLE III	CITADEC		
	SHARES res of stock is:10000		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	RS	
Address:	tle:Zhi Zhu/president 1600 33rd St, Ste 108 Orlando, FL 32839	Address:	
Name and Ti	tle:	Name and Title:	
Address:			
Name and Tit Address:	tle:	Address:	
		<u> </u>	<u> </u>
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) o	. Cal	උ දිදි
Name:	Zhi Zhu	of the registered agent is:	
Address:	1600 33rd St. Ste 108	_	一
	Orlando, FL 32839	<u>_</u>	
ARTICLE VII	INCORPORATOR		<b>=</b> 9,5
	ress of the Incorporator is:		
Name:	Zhi Zhu		I: 54 WILLOW
Address:	1600 33rd St, Ste 108 Orlando, FL 32839		<i>U</i> 3
Having been name this certificate, I am	d as registered agent to accept service of proce of familiar with and accept the appointment as re	ss for the above stated corpo gistered agent and agree to a	ration at the place designated in ct in this capacity
	Minterior Man		10/7/2011
	Required Signature Registered Agent	<del></del>	10/7/2011 Date
I submit this docum	nent and affirm that the facts stated herein ar	e true. I am aware that the	false information submitted in a
document to the De	partment of State constitutes a third degree felor	ry as provided for in s.817.15	5, F.S.
	Mil. M.		12/2/
	Required Signature/Incorporator	<del></del>	10/7/2011 Date
	graduled Signalar Citicorporator		Date

ARTICLE VIII Effective date is January 1st, 2012

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