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(Requestor's Name)				
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(Cit	y/State/Zip/Phone	e #)		
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PICK-UP	WAIT	MAIL		
· (Du	siness Entity Nan	ne)		
(50	Siliess Endry Nan	ne,		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
	 			
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE



144

COVER LETTER

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

SUBJECT:	Sunburst Global Ventures, Inc.				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)					
Enclosed are an or	iginal and one (1) copy of the arti	cles of incorporation an	d a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL C	OPY REQUIRED		
FROM: _	OM: Beth L. Roach Name (Printed or typed)				
2813 Abington Ave.					
	F	Address			
Orlando, FL 32826 City, State & Zip					
	407-823-8432 Daytime Telephone number				
_	bethroach55@yahoo.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 N The name of the corpo	Sunburst Global Venture	s, Inc.	11 DEC 12 PM 3: 49
·			
<u>ARTICLE II P</u>	Principal street address	Mailin	g address Gridifferent is! STATE on AVALLAHASSEE FLORIDA
28.	13 Abington Ave.	2813 Ahinata	A A TALLAHASSEE FLORIDA
	ando, FL 32826	Orlando El	32826
ARTICLE III P			
	ch the corporation is organized is:		
ne purpose of	f the corporation is to conduct any la	wiui purpose or p	urposes.
ARTICLE IV S The number of shares			
	MITIAL OFFICERS AND/OR DIRECTORS		
	Beth L. Roach, President	Name and Title:	
Address:	2813 Abington Ave. Orlando, FL 32826	Address:	
	Unanuo, EL 32020	·	
NI 1 mid		Name and Tisla	
Name and Title Address:	:	Name and Title:	
Address:			
Nome and Title	e:	Name and Titles	
Address:			
ruuress.			
ARTICIE VI R	EGISTERED AGENT		
	da street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Corporation Service Company		·
Address:	1201 Hays Street		
	Tallahassee, FL 32301		
ARTICLE VII	NCORPORATOR		
	ess of the Incorporator is:		
Name:	Beth L. Roach		
Address:	2813 Abington Ave	•	
	Orlando, FL 32826	•	
Having been named	as registered agent to accept service of process	for the above stated co	orporation at the place designated in
this certificate, I am	familiar with and accept the appointment as regi ONLW JOINES, ASSISCANT VI	stered agent and agree	to act in this capacity
1 DALIA	COM VOU KNB		11/18/11
<i>)</i>	Required Signature/Registered Agent		Date
T submit this docum	ent and affirm that the facts\stated herein are	true. I am aware that	the false information submitted in a
document to the Dep	artment of State constitutes a third\legree felony	as provided for in s.81	7.155, F.S.
α	11 A P		12011
K) t	Required Signature/Incorporator		12.8.11
	reduited Signature/incorbotator		Date