

P/20000015360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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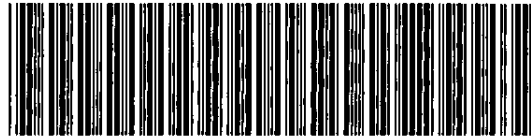
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2/15
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COVER LETTER

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

SUBJECT: SUNRAY PAWN 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: DARRIN EDWIN MERCADO

Name (Printed or typed)

2628 US HWY 19

Address

HOLIDAY FLORIDA 34691

City, State & Zip

727-942-8400

Daytime Telephone number

SUNRAYPAWN@VERIZON.NET

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 NAME

The name of the corporation shall be: **SUNRAY PAWN INC**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2628 US HWY 19 HOLIDAY FL, 34691

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
RETAIL BUY SELL OF COMMON GOODS

ARTICLE IV SHARES

The number of shares of stock is: **1**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **DARRIN E MERCADO**
Address: **2628 US HWY 19 HOLIDAY FL 34691**

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **DARRIN E MERCADO**
Address: **2628 US HWY 19 HOLIDAY FL, 34691**


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **DARRIN E MERCADO**
Address: **2628 US HWY 19 HOLIDAY FL, 34691**

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DIVISION OF CORPORATE REGISTRATION

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



Required Signature/Registered Agent

01 12 2012

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.



Required Signature/Incorporator

01 12 2012

Date