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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/11

## COVER LETTER

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

SUBJECT: INCREDIBLE SHINE SERVICES, 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: Hugo Reyes  
Name (Printed or typed)

12804 S.W. 12 terrace  
Address

Miami, FL 33184  
City, State & Zip

908-313-6368  
Daytime Telephone number

INCREDIBLE SHINE SERVICES@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

You have received this email because you or someone using your email address (can14@hotmail.com) agreed to receive special messages from DaySpring Cards. Click here to manage your e-mail preferences. If you do not wish to receive these messages, please click on the link below to unsubscribe. If you would like more information on our privacy policy, please read our privacy statement.

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

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**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: INCREDIBLE SHINE SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

12604 S.W. 12 Terrace  
Miami, FL 33184

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THE CORPORATION WILL ENGAGE IN ANY ACTIVITY OR BUSINESS  
PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is:

THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING  
AT ANY TIME IS ONE THOUSAND (1000) SHARES OF ONE DOLLAR (\$100) PAR VALUE COMMON STOCK

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: HUGO REYES / PRESID  
Address: 12604 S.W. 12 Terrace  
Miami, FL 33184

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: HUGO REYES  
Address: 12604 S.W. 12 Terrace  
Miami, FL 33184

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: HUGO REYES  
Address: 12604 S.W. 12 Terrace  
Miami, FL 33184

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

X Hugo Reyes  
Required Signature/Registered Agent

2/13/12  
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.

X Hugo Reyes  
Required Signature/Incorporator

2/13/12  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA