

P12000062378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

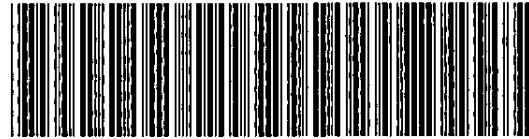
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/16/12--01020--013 \*\*78.75

07/17/12--01018--010 \*\*8.75

FILED  
JUL 17 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUL 17 2012  
5/17

2097200027602



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2012

SAYED TABARUK  
4320 NARROW LANE RD  
MONTGOMERY, AL 36116

SUBJECT: SUNSHINE ONE STOP INCORPORATED  
Ref. Number: W12000027602

We have received your document for SUNSHINE ONE STOP INCORPORATED 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 contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return 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) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 912A00014654

## COVER LETTER

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

SUBJECT: SUNSHINE ONE STOP INCORPORATED  
(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: SAYED TABARUK  
Name (Printed or typed)

4320 NARROW LANE RD  
Address

MONTGOMERY ALABAMA 36116  
City, State & Zip

334-220-0619  
Daytime Telephone number

TABARUK@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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

## COVER LETTER

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

**SUBJECT:** \_\_\_\_\_  
(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:** \_\_\_\_\_ **Sayed Tabaruk**  
Name (Printed or typed)

\_\_\_\_\_ **4320 narrow lane rd.**  
Address

\_\_\_\_\_ **Montgomery, AL 36116**  
City, State & Zip

\_\_\_\_\_ **334-220-0619**  
Daytime Telephone number

\_\_\_\_\_ **tabaruk@gmail.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 NAME**

The name of the corporation shall be: Antora, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4320 narrow lane rd.  
Montgomery, AL 36116

Mailing address, if different is:

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

500

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

Name and Title: <u>SAYED TABARUK</u>	Name and Title: _____
Address: <u>1848 WOODMERE LOOP</u>	Address: _____
<u>MONTGOMERY, AL 36117</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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


Name: SAYED TABARUK  
Address: ATT: CELIA LESTER  
5462 WELLER AVE. JACKSONVILLE, FL 32211

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SAYED TABARUK  
Address: 1848 WOOD MERE LOOP  
MONTGOMERY, AL 36116

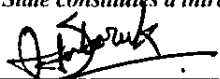
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

07/17/2012

\_\_\_\_\_  
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

07/17/2012

\_\_\_\_\_  
Date

**FILED**  
JUL 17 PM 2:05  
STATE  
HALL  
TALLAHASSEE, FLORIDA