

P13000095317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

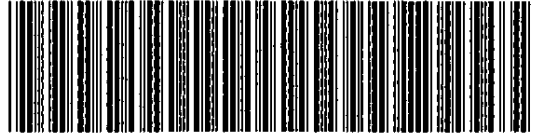
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 NOV 22 PM 3:09

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COVER LETTER

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

SUBJECT: BEAMS OF SUNSHINE, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: LOUISA LEE
Name (Printed or typed)

5520 7th AVENUE
Address

BROOKLYN, NY 11220
City, State & Zip

718-436-3888
Daytime Telephone number

lbsbkge@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) SECRETARY OF STATE
DIVISION OF CORPORATION

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ARTICLE I NAME

The name of the corporation shall be: BEAMS OF SUNSHINE, INC.

2013 NOV 22 PM 3:09

ARTICLE II PRINCIPAL OFFICE

Principal street address

5251 PARADISE CAY CIRCLE

KISSIMMEE, FL 34746

Mailing address, if different is:

5520 7th AVENUE

BROOKLYN, NY 11220

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE INVESTMENT

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LOUISA LEE, DIRECTOR

Name and Title: _____

Address 5520 7th AVENUE

Address: _____

BROOKLYN, NY 11220

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2013 NOV 22 PM 3:09

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: InCorp Services, Inc.
Address: 17888 67th Court North
Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LOUISA LEE
Address: 5520 7th AVENUE
BROOKLYN, NY 11220

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

 Heather Nee for InCorp Services, Inc.
Required Signature/Registered Agent

11/14/2013
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

11/14/2013
Date