## P14000083949

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

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

<sub>subject:</sub> Suni	ine Appraisals,		
	(PROPOSÉD CORPORA	ATE NAME – <u>MUST INCL</u>	ÜDE SUFFIX)
Enclosed are an origin	nal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED
,		e (Printed or typed)	
<u>20</u>	67 Rouse Lake	Road Address	
Or	lando, FL 32817		
40	7-737-2623	·	
act	ionodo@aol.com	elephone number  d 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)

RTICLE II PI	RINCIPAL OFFICE		
067 Rouse	Principal street address  Lake Road	ł	Mailing address, if different is:
rlando, FL		<del></del>	
·			
RTICLE III PU e purpose for whic	h the corporation is organized is: To prep	oare real es	state appraisals
			194
	· · · · · · · · · · · · · · · · · · ·		
RTICLE IV SI	HARES of stock is:		
e number of shares	of stock is:		
e number of shares	of stock is: 100  ITTIAL OFFICERS AND/OR DIRECTOR	S Name and Title	President/Vice President/Treasurc
e number of shares	of stock is:	Name and Title:	President/Vice President/Treasuro
e number of shares	of stock is: 100 IITIAL OFFICERS AND/OR DIRECTOR itle: Lynn D. Sunday	S Name and Title: Address:	President/Vice President/Treasurc
e number of shares	of stock is: 100 ITTIAL OFFICERS AND/OR DIRECTOR itle: Lynn D. Sunday 2067 Rouse Lake Road	Name and Title:	President/Vice President/Treasurc
Name and T	TITIAL OFFICERS AND/OR DIRECTOR itle: Lynn D. Sunday 2067 Rouse Lake Road Orlando,FL 32817	Name and Title: Address:	
Name and Ti	TITIAL OFFICERS AND/OR DIRECTOR itle: Lynn D. Sunday  2067 Rouse Lake Road  Orlando,FL 32817  Lle: Joni Layton	Name and Title: Address:  Name and Title:	
Name and T	TITIAL OFFICERS AND/OR DIRECTOR itle: Lynn D. Sunday  2067 Rouse Lake Road  Orlando,FL 32817  Lle: Joni Layton  2067 Rouse Lake Road	Name and Title: Address:	Secretary
Name and Ti	TITIAL OFFICERS AND/OR DIRECTOR itle: Lynn D. Sunday  2067 Rouse Lake Road  Orlando,FL 32817  Lle: Joni Layton	Name and Title: Address:  Name and Title:	Secretary
Name and Ti	TITIAL OFFICERS AND/OR DIRECTOR itle: Lynn D. Sunday  2067 Rouse Lake Road  Orlando,FL 32817  Lle: Joni Layton  2067 Rouse Lake Road	Name and Title: Address:  Name and Title:	
Name and To Address Address	TITIAL OFFICERS AND/OR DIRECTOR itle: Lynn D. Sunday  2067 Rouse Lake Road  Orlando,FL 32817  Lle: Joni Layton  2067 Rouse Lake Road	Name and Title: Address: Name and Title: Address:	Secretary

Name and	f Title:	Name and Title:	
Ad <b>dre</b> ss		Address:	
ARTICLE VI	REGISTERED AGENT		***
	prids street address (P.O. Box NOT acceptable) of David Rickey, Esquire	the registered agent is:	<u> </u>
Name: Address:	20 North Orange Avenue, Suite 1600		4 por 10 F
	Orlando, FL 32801		(조) (주)
ARTICLE VII	INCORPORATOR		> 10 1, 53
The name and ad-	dress of the Incorporator is:		
Name:	Lynn D. Sunday		
Address:	2067 Rouse Lake Road		
	Orlando,FL 32817		
Having been nam this certificate, I a	ned as registered agent to accept service of process of process of familiar with and accept the appointment as regi	for the above stated corporation at the place designistered agent and agree to act in this capacity	enated in
	Required Signature/Registered Agent	Date	<del></del>
	ement and affirm that the facts stated herein are to Department of State constitutes a third degree felony	true. I am aware that the false information subm. y as provided for in s.817.155, F.S.	itted in a
- W	Required Signature/Incorporator	Date	