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| (Re | equestor's Name) | | |
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| (Ac | (Address) | | |
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| | | | |
| (Ci | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
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| (DC | ionicoo Enuty Man | | |
| (Dr | ocument Number) | | |
| (50 | odinent Hamber, | | |
| Certified Copies | Certificates | of Status | |
| | | | |
| Special Instructions to | Filing Officer: | | |
| Special instructions to | riing Onicei. | | |
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| A. E | No. 1. 2014 | | |
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TALLAHASSET FLORION

COVER LETTER

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

| SUBJECT: | Sun Wrap, Inc. | | |
|----------------------|--|-------------------------------------|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | inal 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 |
| FROM: JO | oyce Donald | e (Printed or typed) | |
| 11 | 1522 Thurston W | 'ay | |
| | / | Address | |
| 0 | rlando, FL 32837 | 7 | |
| | City, | State & Zip | |
| 40 | 7-467-6122 | | |
| | Daytime T | elephone number | |
| joy | cedonald@comcas | | |
| <u></u> | E-mail address: (to be use | 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)

| <i>ARTICLE II</i> 11522 Thui | PRINCIPAL OFFICE Principal street address | | Mailing address, if different is: |
|--------------------------------------|---|----------------|-------------------------------------|
| Orlando, F | | | |
| | PURPOSE nich the corporation is organized is:retail S | sales | |
| | | | 25 TC 0 |
| ARTICLE IV The number of shar | SHARES es of stock is: | | FILED OT 15 AM 8: 20 NHASSEF FLORID |
| | INITIAL OFFICERS AND/OR DIRECTORS Title: Joyce Donald, President 11522 Thurston Way Orlando, Fl 32837 | Name and Title | Silvana Accuntina Vice President |
| Name and Address | Deborah Barr, Financial Director 2619 Raccoon Run Lane Orlando, FL 32837 | Name and Title | · |
| Name and | Title: | Name and Title | |

| Name and | d Title: | _ Name and Title: |
|----------------------------|---|--|
| Address | | Address: |
| ARTICLE VI The name and Fl | REGISTERED AGENT orida street address (P.O. Box NOT acceptable) | of the registered agent is: |
| Name: | Joyce Donald | |
| Address: | 11522 Thurston Way | The contract of the contract o |
| | Orlando, FL 32837 | FIL SECRETARIAS |
| ARTICLE VII | <u>INCORPORATOR</u> | |
| The name and ad | dress of the Incorporator is: | |
| Name: | Joyce Donald | 20 216 210/ |
| Address: | 11522 Thurston Way | |
| | Orlando, FL 32837 | |
| | ned as registered agent to accept service of proce am familiar with and accept the appointment as re | · · · |
| | U Como Clary | 10/10/14 |
| ` | Required Signature/Registered Agent | Date |
| | ument and affirm that the facts stated herein ar Department of State constitutes a third degree felo | e true. I am aware that the false information submitted in a |
| Cocament to the I | (www.lowwoll | 10/10/14 |
| | Required Signature/Incorporator | Date |