## P15000036095

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Oity/Otate/Zip/Filone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
WHS-18863					





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SECRETARY OF STATE SHAPES FI FI DRIDA



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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> Sun	shine Managem	ent Company	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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: K	eith P Fraser	(D: 1 1 )	
15	5023 Gulf Boule	e (Printed or typed)  /ard	
		Address	

Madeira Beach, Florida, 33708

727-391-9599

keithfraser100@gmail.com

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

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)



March 30, 2015

KEITH P FRASER 15023 GULF BOULEVARD MADEIRA BEACH, FL 33708

SUBJECT: SUNSHINE MANAGEMENT COMPANY INC.

Ref. Number: W15000018863

We have received your document for SUNSHINE MANAGEMENT COMPANY INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 715A00005348

ARTICLES OF INCORPORATION
In complianc. Chapter 607 and/or Chapter 621, F.S. (Profit)



			43 IIIC.	15 AFR 20	PM 1: 25
15027, Gulf Bo	CIPAL OFFICE Principal street address			SECRETARY MALE ANASSEE	
Madeira Beach		···			
Florida. 33708	-				
The purpose for which th	e corporation is organized is:	y and Genera	ai Mana	gement	
				<del> </del>	
	· · · · · · · · · · · · · · · · · · ·				
ARTICLE IV SHAI	<u>RES</u> 100				
The number of shares of s	tock is:	<del></del>			
ARTICLE V INIT	IAL OFFICERS AND/OR DIRECTORS	<del></del>			
Name and Title:	Keith P Fraser, President	Name and Title:	holas N Fra	aser, Vice Pres	ident
Address	15023 Gulf Boulevard	Address:			<del></del>
	Madeira Beach				
	Flanda 22700				
	Florida. 33708				
			•		
Name and Title:_					
Name and Title:_					
		Address:			
		Address:			
Address _		Address:			
Address _		Address:  Name and Title:			



15 APR 20 PM 1: 22

Name and	d Title:	Name and Title:	CEPOS TADY TOS STATE
Address		Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE VI The name and FI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered age	nt is:
Name:	Keith P Fraser		
Address:	15023 Gulf Boulevard		
	Madeira Beach, Florida. 33708		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Keith P Fraser		
Address:	15023 Gulf Boulevard		
	Madeira Beach, Florida. 33708		
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg		
	16 for		March 11th 2015
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon		
	who from		March 11th 2015
	Required Signature/Incorporator	· <del>-</del> -	Date