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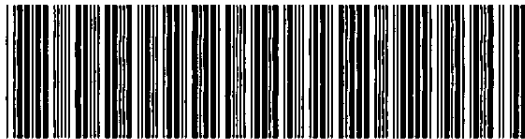
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07/06/15--01014--019 **78.75

FILED
15 JUL -6 AM 10:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Sunset Healthcare Solutions 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Lana M Gerlach

Name (Printed or typed)

9587 Whisper Ridge Trail

Address

Weeki Wachee, FL 34613

City, State & Zip

(856) 952-9247

Daytime Telephone number

LanaFloridaBlue@aol.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: Sunset Healthcare Solutions Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9587 Whisper Ridge Trail

Weeki Wachee, FL 34613

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Insurance Sales

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lana M Gerlach - President

Name and Title: _____

Address 9587 Whsiper Ridge Trail

Address: _____

Weeki Wachee, FL 34613

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FL 32310

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: Lana M Gerlach _____

Address: 9587 Whisper Ridge Trail _____

Weeki Wachee, FL 34613 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Lana M Gerlach _____

Address: 9587 Whisper Ridge Trail _____

Weeki Wachee, FL 34613 _____

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TALLAHASSEE FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Lana M Gerlach

Required Signature/Registered Agent

7/1/15

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.

Lana M Gerlach

Required Signature/Incorporator

7/1/15

Date