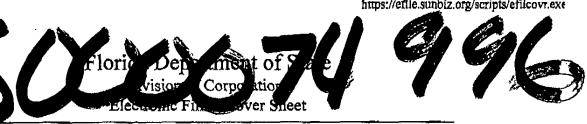
https://efile.sunbiz.org/scripts/efilcovr.exe



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	To:		52.5	<u>-</u>	
-1		Division of Corporations	, m	٠.	3
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Fax Number : (850)617-6381	en all	-TO	
<u> </u>	From:		وازا تنسيح	ထ္	
11. 11. 1 (1. 11. 1		Account Name : FASTKIT CORP	第三	င္သ	
1.1		Account Number : I20100000009	Ç.		

: (305)599-0839 : (305)592-9591

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FLORIDA PROFIT/NON PROFIT CORPORATION SUNSHINE RAIN GUTTER INC

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SEP- 1 6 2015 S. GILBERT

9/15/2015 4:20 PM

FILED

	ARTICLES OF INC	ORPORATION d/or Chapter 621,	F.S. (Profit) PM 8: 34
ARTICLE 1 NA The name of the con			FALL AHASSEE, FLORIDA
ARTICLE II PR	INCIPAL OFFICE Principal street address		Mailing address, if different is:
7811 SW 9 TERRA MIAMI, FL. 33144			
ARTICLE III PU. The purpose for whi Any and all lawful	ch the corporation is organized is:		
ARTICLE IV SH.	ARES		
The number of shares		 	ORDONEZ, LAZARO
Address	7811 SW 9 TERRACE	Address:	7811 SW 9 TERRACE
· . •	MIAMI, FL. 33144		MIAMI, FL. 33144
. Sec.	FERNANDEZ MANZANO, LAZARO	_ Name and Title	20
Address		Address:	
	MIAMI, FL. 33144	- -	
Name and Ti	rtie:	Name and Title	
Address	·	_ Address:	
			

Name and Title:		Name and Title:		
Address		Address:		
ARTICLE VI The name and	REGISTERED AGENT Morida street address (P.O. Box NOT acceptable	e) of the registered agent is:		
Name:	IRINA LA HOZ BEJERANO			
Address:	7811 SW 9 TERRACE	_		
	MIAMI, FL 33144			
(RTICLE VII	INCORPORATOR			
he <u>name and</u>	address of the Incorporator is:			
Name:	IRINA LA HOZ BEJERANO	<u>.</u>		
Address:	7811 SW-9-TERRACE	and the state of t		
	MIAM1, FL. 33144			
effective date, i If an effective lays after the l Notes If the dat	īling.)	not be more than five business days prior or 90 business ble statutory filing requirements, this date will not be listed as		
faving been no is certificate, l	med as registered agent to accept service of proc om familiar with and accept the appointment as	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity		
	Shits	09/14/2015		
	Required Signature/Registered Agent	Date		
submit this do ocument to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree for	tre true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.		
	Fren	09/14/2015		

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