

P15000083938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

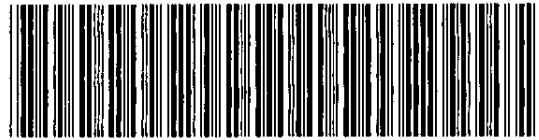
(Business Entity Name)

(Document Number)

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10 AUTOMATIC  
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15 OCT 13 PM 1:07  
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APPROVED  
AND  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch OCT 13 2015

To who it may concern.

We have no plan to  
Reinstate this company  
P14000081082

Shea (president)

10/13/2015

## COVER LETTER

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

**SUBJECT:** SUNSHINE SOCIAL MEDIA CONSULTING 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:** PATRICIA SHEA  
Name (Printed or typed)

1801 BROWN ST  
Address

TALLAHASSEE, FL 32308  
City, State & Zip

(850) 523-0103  
Daytime Telephone number

PATTI@SUNSHINESOCIALMEDIAINC.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: SUNSHINE SOCIAL MEDIA CONSULTING INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1801 BROWN ST

TALLAHASSEE, FL 32308

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Do any legal and lawful business.

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TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PATRICIA SHEA (P) Name and Title: \_\_\_\_\_

Address: 1801 BROWN ST Address: \_\_\_\_\_

TALLAHASSEE, FL 32308 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: PATRICIA SHEA

Address: 1801 BROWN ST

TALLAHASSEE, FL 32308

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TALLAHASSEE, FLORIDA

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AND  
FILED

**ARTICLE VII INCORPORATOR**

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

Name: PATRICIA SHEA

Address: 1801 BROWN ST

TALLAHASSEE, FL 32308

**ARTICLE VIII EFFECTIVE DATE:** 10/13/2015

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*



10/13/2015

Required Signature/Registered Agent

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.*



10/13/2015

Required Signature/Incorporator

Date