

02/9/2016

08:28

TO: (35) 617-6381 FROM: (35) 617-6243

1

P16000031048

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000031048 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : JP GLOBAL BUSINESS
Account Number : I20130000083
Phone : (305)436-0093
Fax Number : (305)436-0094

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 FEB -9 AM 11:17

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: brickell@jpgbusiness.com

FLORIDA PROFIT/NON PROFIT CORPORATION

SUNSHINE CAPITAL INVESTMENT CORP

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$70.00 |

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TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

N. Gulligan

FEB 10 2016

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TO: 18506176381 FROM: 7862171243

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COVER LETTER

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

SUNSHINE CAPITAL INVESTMENT CORP
SUBJECT: _____
(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: _____
JP GLOBAL BUSINESS SOLUTIONS INC
Name (Printed or typed)
1395 BRICKELL AVE STE 1380
Address
MIAMI, FL 33131
City, State & Zip
305-359-3700
Daytime Telephone number
BRICKELL@JPGBUSINESS.COM
E-mail address: (to be used for future annual report notification)

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

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TO: 18506176381 FROM: 7862171243

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

SUNSHINE CAPITAL INVESTMENT CORP

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

21055 YACHT CLUB DR APT 3102

AVENTURA, FL 33180

ARTICLE III PURPOSE

REAL ESTATE HOLDINGS

The purpose for which the corporation is organized is: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES

1,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROSSANA DE LIMA / DIRECTOR Name and Title: _____

Address: 21055 YACHT CLUB DR APT 3102 Address: _____

AVENTURA, FL 33180 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: JP GLOBAL BUSINESS SOLUTIONS INC
Address: 1395 BRICKELL AVE STE 1380
MIAMI, FL 33131

ARTICLE VII INCORPORATOR

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

Name: ROSSANA DE LIMA
Address: 21055 YACHT CLUB DR APT 3102
AVENTURA, FL 33180

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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

Required Signature/Registered Agent
2/4/2016
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.

Rossana De Lima

Required Signature/Incorporator
2/4/2016
Date