

P/6000014877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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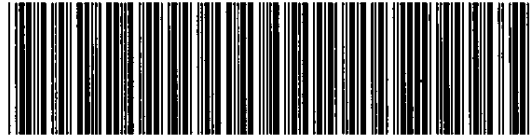
(Business Entity Name)

(Document Number)

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AND
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16 FEB -2 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

COVER LETTER

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

SUBJECT: SUNWARD CORP.

(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: REINALDO GONZALEZ

Name (Printed or typed)

3091 SUNRISE LAKES DR. E 307

Address

SUNRISE, FLORIDA 33322

City, State & Zip

786-447-5024

Daytime Telephone number

reigusa048@gmail.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)

APPROVED
AND
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ARTICLE I NAME

The name of the corporation shall be: SUNWARD CORP.

16 FEB -2 PM 2:34

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:
TALLAHASSEE, FLORIDA

3091 SUNRISE LAKES DR. E 307 SUNRISE, FL 33322

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MULTIPLE SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: REINALDO GONZALEZ Name and Title: _____

Address 3091 SUNRISE LAKES DR. E 307 Address: _____

SUNRISE, FLORIDA 33322 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVAL
AND
FILED

Name and Title: _____ Name and Title: 16 FEB -2 PM 2:31
Address: _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: REINALDO GONZALEZ
Address: 3091 SUNRISE LAKES DR. E 307
SUNRISE, FLORIDA 33322

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: REINALDO GONZALEZ
Address: 3091 SUNRISE LAKES DR. E 307
SUNRISE, FLORIDA 33322

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/28/2016 (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 1/28/2016
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.

Required Signature/Incorporator 1/28/2016
Date