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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 19 2016
I ALBRITTON

COVER LETTER

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

SUBJECT: **SUN ONE PACK 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: **SUN ONE PACK CORPORATION**

Name (Printed or typed)

5178 MILLENIA BLVD APT 101

Address

ORLANDO, FL 32839

City, State & Zip

407-462-6424

Daytime Telephone number

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: **SUN ONE PACK CORP.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

5178 MILLENIA BLVD APT 101

ORLANDO, FL 32839

407-462-6424

Mailing address, if different is:

5178 MILLENIA BLVD APT 101

ORLANDO, FL 3283*9

407-462-6424

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**Import and distribution; PLASTIC PACKAGING SOLUTIONS AND MANUFACTURE
AND DISTRUBUCION PALLET AND DERIVATES OF IT.**

ARTICLE IV SHARES

The number of shares of stock is: **3**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **APOLINAR PERDOMO -PRESIDENT**

Address **5178 MILLENIA BLVD APT 101**

ORLANDO, FL 32839

407-462-6424

Name and Title: _____

Address: _____

Name and Title: **LUIS A. VALENZUELA -SECRETARY**

Address

8368 NW 68 ST

MIAMI, FL 33166

407-715-3219

Name and Title: _____

Address: _____

Name and Title: **AMADEO N. CONDE-VICE-PRESIDENT**

Address

CALLE RECODO 4A BELLA VISTA

SANTO DOMINGO, DOMINICAN REP

809-532-6625

Name and Title: _____

Address: _____

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2018 FEB 11 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(conti.)

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: APOLINAR PERDOMO
Address: 5178 MILLENIA BLVD APT 101
ORLANDO, FL 32839

ARTICLE VII INCORPORATOR

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

Name: APOLINAR PERDOMO
Address: 5178 MILLENIA BLVD APT 101
ORLANDO, FL 32839

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

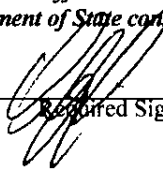


Required Signature/Registered Agent

02/04/2016

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

02/04/2016

Date