(Requestor's Name)				
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	₩AIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			





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## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 Toll Free: 844-541-6792

DATE: 3-29-16	WALK IN				
ENTITY NAME: SM ANCHO	OR				
CONSULTING	J.INC.				
**PLEASE FILE THE ATTACHE	D AND RETURN:**				
Plain Copy					
X_Certified Copy					
**PLEASE OBTAIN THE FOLLOWING F Document Number:					
Certified Copy of Arts & Amendments	·				
Certificate of Good Standing					
**APOSTILLE'/NOTARIAL C	ERTIFICATION:**				
COUNTRY OF DESTINATION	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
NUMBER OF CERTIFICATES REQUESTED_					
TOTAL AMOUNT OWED: 2382					
CHECK NUMBER: 78-75					
PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PRO	BLEMS OR INFORMATION ON THIS				
MATTER.					
Thank you!  Tina Goff, President	,				
Tina Goff, President					

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

ARTICLE I The name of the co		inc.		
	PRINCIPAL OFFICE Principal street address 115 Palm Trail. Unit #1 Delray Beach, FL 33483		ress, if different is:	
ARTICLE III	PURPOSE			
The purpose for w	hich the corporation is organized is:			
The purpose may be organ	of the corporation is to engage in any ized under the corporation laws of the	lawful act or activity for State of Florida.	or which corporations	
ARTICLE IV The number of share	SHARES es of stock is 200 Shares at No Par Value	:		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	S		
	tle:Shigeko Maeda, Sole Officer & Sole Director 815 Palm Trail, Unit #1 Delray Beach, FL 33483	Name and Title:		
Name and Ti	tle:	Name and Title:	7	
Address:				
			<del></del>	
Name and Tit	le:	Name and Title:	29	) (1) (2) (3)
Address:		Address:		<b>2</b> 49
			~	3
ARTICLE VI	REGISTERED AGENT	<del></del>		- 3
The name and Flor	ida street address (P.O. Box NOT acceptable) of t	he registered agent is:	<b>**</b>	- Q
Name:	Shigeko Maeda	•		
Address:	815 Palm Trail, Unit #1			
	Delray Beach, FL 33483			
	INCORPORATOR			
	ess of the Incorporator is:		•	
Name: Address:	Shigeko Maeda			
Address.	815 Palm Trail, Unit #1 Delray Beach, FL 33483			
Yaving been named his certificate, I and	l as registered agent to accept service of process ; familiar with and accept the appointment as regis	for the above stated corporati tered agent and agree to act in	on at the place designated in this capacity	
			3/25/2016	
	Required Signature/Registered Agent Shigeko Maeda		Date	
submit this docum locument to the Dep	nent and affirm that the facts stated herein are to partinent of State constitutes a third degree felony o	rne. I am aware that the fals	e information submitted in a 7.S.	
		<u> </u>	3/25/2016	

Required Signature/Incorporator Shigeko Maeda

Date