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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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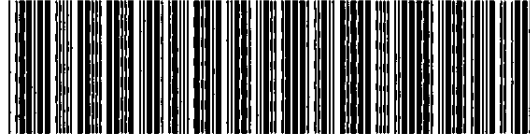
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR - 7 PM 1:50

COVER LETTER

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

16 APR - 7 PM 1:50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

SUBJECT: SUNSHINE SWAG, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: SUNSHINE SWAG, INC.

Name (Printed or typed)

839 CANAL VIEW BLVD

Address

PORT ORANGE, FL 32129

City, State & Zip

(386)871 2510

Daytime Telephone number

info@beesewing.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 SWAG, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

839 CANALVIEW BLVD

PORT ORANGE, FL 32129

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LEGAL ACTIVITY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMIE OSMAN RATCLIFF TITLE:P

Name and Title: _____

Address 839 CANAL VIEW BLVD

Address: _____

PORT ORANGE, FL 32129

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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DIVISION OF CORPORATE AFFAIRS
16 APR - 7 PM 1:50

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: JAMIE OSMAN RATCLIFF
Address: 839 CANAL VIEW BLVD
PORT ORANGE, FL 32129

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ARTICLE VII INCORPORATOR

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

Name: JAMIE OSMAN RATCLIFF
Address: 839 CANAL VIEW BLVD
PORT ORANGE, FL 32129


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.)

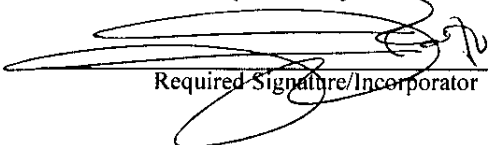
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

4/5/2016
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

4/5/2016
Date