

P16000069437

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
7/24  
8/23/16

## COVER LETTER

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

SUBJECT: Sun Solar Window Tinting 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      ☐ \$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: Jeff Davis  
Name (Printed or typed)

6679 Brooklyn Bay Rd.  
Address

Keystone Heights, FL 32656  
City, State & Zip

(352) 258-6516  
Daytime Telephone number

jdsupertinter@yahoo.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: Sun Solar Window Tinting Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6679 Brooklyn Bay Rd.  
Keystone Heights, FL 32656

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Professional window tint  
installation for homes and offices.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jeff Davis / President Name and Title: Gage Davis / V. Pres.

Address: 6679 Brooklyn Bay Rd. Address: 6679 Brooklyn Bay Rd.  
Keystone Heights, FL 32656 Keystone Heights, FL 32656

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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16 AUG -8 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FL 32309

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: Jeff Davis  
Address: 6679 Brooklyn Bay Rd.  
Keystone Heights FL 32656

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**ARTICLE VII INCORPORATOR**

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

Name: Jeff Davis  
Address: 6679 Brooklyn Bay Rd.  
Keystone Heights, FL 32656

**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

8/3/16  
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

8/3/16  
Date