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COVER LETTER

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

SUBJECT: EVERYTHING UNDER THE SUN2CORP
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee
	& Certificate of Status

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: ANITA DALL
Name (Printed or typed)

940 CORONADO DR
Address

PUNTA GORDA FL 33950
City, State & Zip

863-517-4177
Daytime Telephone number

under 28 SUN @ 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)

ARTICLE I NAME

The name of the corporation shall be: EVERYTHING UNDER THE SUN2CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

940 CORONADO DR

PUNTA GORDA FL 33950

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANITA DALL PRESIDENT Name and Title: _____

Address 940 CORONADO DR Address: _____
PUNTA GORDA FL 33950

Name and Title: JANE SLONE V.P. Name and Title: _____

Address 2351 E MALL DR Address: _____
APT 102
PT MYERS FL 33901

Name and Title: RICHARD DALL TREAS. Name and Title: _____

Address 940 CORONADO DR Address: _____
PUNTA GORDA FL 33950

2016 OCT 27 AM 9:05
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

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: ANITA DALL
Address: 940 CORONADO DR
PUNTA GORDA FL 33950

ARTICLE VII INCORPORATOR

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

Name: ANITA DALL
Address: 940 CORONADO DR
PUNTA GORDA FL 33950

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TALLAHASSEE FLORIDA

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

Anita Dall

Required Signature/Registered Agent

10/22/16
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.

Anita Dall

Required Signature/Incorporator

10/22/16
Date